

THE UNITED STATES DISTRICT COURT  
**SOUTHERN**: DISTRICT OF NEW YORK

Commission for the Blind  
Registration # 181781

JERRY RAMRATTAN

Plaintiff,

**PLAINTIFF'S  
COMPL.  
PURSUANT TO  
42 USC 1983**

The State of New York  
(DOCCS) Physician GUZMAN  
(DOCCS) Qualified Interpreter Ms. LEWIS  
(DOCCS) Deputy of Programs Ms. MORRIS

Dkt. 21 Civ. \_\_\_\_\_

JURY DEMAND

Defendants.

Being sued in their individual Capacity

**PLAINTIFF**, a legally blind qualified individual member of a particular class base via, (Commission for the Blind Registration # 181781 executes ("Affirmation") pursuant to ADA, 504 Rehabilitation Act (Title 2) based upon a deprivation of federally protected rights secured by privileges and immunities, of the United States (Const) not only as a citizen, but also as a qualified individual hereby states:

under the penalty of perjury that the following dates, events, and names of superiors and agents (personal involvement) in unlawful conduct,

are to the best of his knowledge Just and True and will be used in a Federal Court of law during examination within the Hon. Judges Chambers.

**Back Ground:**

Plaintiff is a (49) year old legally blind qualified individual being held under the care, custody and control of the, State of New York (DOCCS) (Eastern) facility, supervised by Supt. (Lilly). Plaintiff asserts that he can not, see, read, write, type nor navigate himself through out (Eastern) Correctional facility without the assistance of Reasonable Accommodations to Auxiliary Aids and devices and services, while also experiencing extreme difficulties, even with the assistance of sight cane, mobility sight-guide, and corrective lenses, while facing multiple pre-existing injuries (diabetes) amongst other things

On and about (September 9. 2019) plaintiff had been transferred from (Five-point) Cor, facility to (Eastern). Upon arrival plaintiff had been immediately housed within an (SDU) Sensorial Disability Unit based upon having a serious disability (legally blind within both (DOCCS) prior facilities (Wendy's and Sullivan) Shortly after being within Eastern facility plaintiff began facing several deficiencies concerning adequate access to Reasonable Accommodations in Auxiliary Aids to devices and Services, mandated by Congress resulting in an unconscionable breakdown in Eastern

facility mechanism (internal deficiencies ) resulting in plaintiff notifying numerous outside agencies via, (Disability Rights New York) advocate (Matt Steel) coupled with, (Legal Aid Society) advocate (Stefan Short) seeking to remedy the wrong.

On and about, (Jan 16. 2020) advocate (Matt Steel) visited Eastern facility and conducted one-on-one interviews with several qualified individuals housed within (SDU) B-3-25 and B-3-32 disable units not excluding an interview with plaintiff. Shortly after Mr. (Steel) completed his visit. (Eastern) facility administrative body notified defendant Dr. (GUZMAN) to conduct a probe into plaintiff's medical records (retaliation) Dr. (GUZMAN) ordered plaintiffs Reasonable Accommodations to be immediately confiscated and plaintiff to be place into general population housing unit.

On and about (Jan 17. 2020) plaintiff had been informed to report to the Resource Room due to defendant Ms. (LEWIS) a qualified interpreter under the ADA, 504 Rehabilitation Act (Title 2) exercising her duties out of (DOCCS) Correctional facilities (Sullivan and Eastern). Upon plaintiff's arrival to resource room Ms. (LEWIS) had informed plaintiff that based upon the medical departments (Dr. GUZMAN) independent examination involving the severity of his disability his access to all Reasonable

Accommodations to Auxiliary Aids and Services are to be immediately confiscated based upon medical evaluation performed by Dr. (GUZMAN) via record keeping. The following items and assistance were confiscated from plaintiff.

- 1) Sight cane
- 2) Mobility sight guide
- 3) SDU housing for the visually impaired
- 4) Lamp
- 5) Talking watch (# 429)
- 6) Access to Auxiliary devices within facility Law Library
- 7) Magnifying lighting glass (# 24)
- 8) Free Matter for the Blind postage
- 9) Headphones
- 10) Access to resource room.
- 11) Talking calculator (# 27)
- 12) Digital Book player

On and about (Jan 20. 2020) plaintiff had been transferred from (SDU) housing unit B-25 for the visually/ hearing impaired into a general population setting, (South Hall) B-3 -8

RECEIVED  
SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

2021 DEC 28 AM 11:41

Erynn J. Hernandez

(List the full name(s) of the plaintiff(s)/petitioner(s).)

CV \_\_\_\_\_ ( ) ( )

-against-

Application for the Court to  
Request Pro Bono Counsel

J. Spano; John Doe 1; John Doe 2  
John Doe 3; John Doe 4; John Doe 5

(List the full name(s) of the defendant(s)/respondent(s).)

I ask the Court to request a *pro bono* attorney to represent me in this action. In support of my application, I declare under penalty of perjury that the following information is true and correct:

1. Have you previously filed a "Request to Proceed in Forma Pauperis" (an IFP application)?  
Please check the appropriate box below:

I have previously filed an IFP application in this case, and it is a true and correct representation of my current financial status.

I have not previously filed an IFP application in this case and now attach an original IFP application showing my financial status.

I have previously filed an IFP application in this case, but my financial status has changed. I have attached a new IFP application showing my current financial status.

2. Explain why you need an attorney in this case. (Please note that requests for *pro bono* counsel are rarely granted at the early stages of a case and usually not before the Court has issued a decision on the merits of the case.) If you asked for an attorney earlier in this case, please also explain what has changed since you last asked for an attorney.

I Cannot Afford an Attorney

3. Explain what steps you have taken to find an attorney and with what results. (Please identify the lawyers, law firms or legal clinics you have contacted and their responses to your requests. If you have limited access to the telephone, mail, or other communication methods, or if you otherwise have had difficulty contacting attorneys, please explain.)

Prisoner Legal Services; No  
way to find Attorney in prison, ie. Phone,  
internet restrictions.

- 
4. If you need an attorney who speaks a language other than English, state what language(s) you speak: \_\_\_\_\_
5. I understand that if an attorney volunteers to represent me and that attorney learns that I can afford to pay for an attorney, the attorney may give this information to the Court.
6. I understand that even if the Court grants this application, I will receive *pro bono* counsel only if an attorney volunteers to take my case and that there is no guarantee that an attorney will volunteer to represent me.
7. I understand that if my answers on this application or in my IFP application are false, my case may be dismissed.

12/17/21	Date	<u>r</u>		Signature
<u>Hernandez, Enyn J.</u>			<u>21 R 0336</u>	
Name (Last, First, MI)		Prison Identification # (if incarcerated)		
P.O. Box	50	City	Sonyea, N.Y.	Zip Code
Address		State	14556	
Telephone Number	<u>N/A</u>			
	E-mail Address (if available)			

**Facts Presented:**

The primary bases of plaintiff's 1983 Civil Tort is that, due to plaintiff filing a Compl., against (DOCCS) (Eastern ) fac. to external agencies (Civil Disability of New York, Legal Aid Society which resulted in not only (Advocates) visiting facility but, also conducting interviews with qualified individuals resulted in (Eastern) internal administration at the facility level to strategically probe into plaintiff's medical records directly after advocates visit and attempting to find anything to disqualify plaintiff as a qualified individual in retaliation. Defendant Dr. (Guzman) performed in a manner with a conscious disregard turn his head to the obvious concerning previous creditable medical history of Opticians, and Doctors, within previous facilities by exercising a malicious intent to cause plaintiff harm in violation of his 8<sup>th</sup> Amend Rights to be free from Cruel and Unusual treatment.

Secondly, defendants breached their duties in failing to first formulate a hearing for plaintiff before confiscating plaintiff's Reasonable Accommodations, and transferring plaintiff into general population. Records indicate that, [i] plaintiff is a qualified individual [ii] that the defendants the State of New York is subjected to ADA and [iii] plaintiff has been denied the opportunity to participate in or benefit from defendants

services, programs, or activities otherwise discriminated against by defendants. See plaintiffs Exhibit (A) excerpts of medical records. While plaintiff in good faith exercised due diligence in exhaustion of administrative remedies pursuant to, New York § CPLR Section (3016) sufficient notice of communication complained of to enable defendants to remedy the wrong pursuant to, 42 USC § 1997 NYCRR 701.5 701 6 (a) 701.7. (PLRA) (no avail) See Exhibit (B), and Exhibit (C) establishing notices of communication with defendants' subordinates requesting to be adequately evaluated by specialist coupled with, restoring his Reasonable Accommodations as Exhibit (D) indicates plaintiff also filed his Notice of Intent (Right to Sue) pursuant to, § 10, 11 Court of Claims Act affording defendants sufficient notice of communication complained of to enable them to defend themselves pursuant to New York General Municipal §§ 50- (e) and New York County Law § 52(1)

**Personal Involvement:**

**1) The STATE OF NEW YORK (Defendants)**

Defendants the, State of New York upon having constructive knowledge based upon being allocated funds by federal government under the Americans with Disabilities Act, 504 Rehabilitation Act (Title 2). Defendants failed to implement a sound comprehensive policy or custom

that regulates methods in providing qualified individuals facing discrepancies within Cor. Facilities (R. A.) Reasonable Accommodations to Auxiliary Aids to devices and services through a productive Due process procedure. In first affording alleged qualified individuals a hearing before unlawfully denying them services, thereafter an appeal process directed to (DOCCS) Chief medical examiner in finality providing qualified individuals an even playing field. (Due process) (Breach of duties)

Instead, defendants failed to implement comprehensive policy causation in their subordinate Dr. (GUZMAN) upon having multiple infractions via, State and Federal Civil Torts pending/resolved to abuse his authority with a malicious intent to cause plaintiff harm upon having constructive knowledge that plaintiff filed an Compl., directed to outside agencies. Defendant existing policy resulted in injuries sustained to plaintiff

## **2) PHYSICIAN (GUZMAN)**

Defendant (GUZMAN) is responsible for providing adequate medical services to incarcerated individuals within Eastern Cor. facility, not excluding qualified individuals with disabilities. Defendant (GUZMAN) was responsible for examining plaintiff's medical records, thereafter ordering defendant (Lewis) to confiscate plaintiff's Reasonable Accommodations acting in concert with defendant Ms. (MORRIS) Dr. (GUZMAN) stated in

console that plaintiff is malingering his lost of sight resulting in a conscious disregard to prior examination without affording plaintiff a hearing or notice of his findings that were contrary to other facility specialist, and physicians.

### **3. FORMER DEPUTY OF PROGRAMS (MORRIS)**

Defendant (MORRIS) responsibilities is to assure that incarcerated individuals receive the necessary programs, and services to enable them access to educational, and therapeutic skills amongst other things not excluding qualified individuals under the ADA, 504 Rehabilitation Act title 2). (*id*) Defendant (MORRIS) ignore plaintiffs request for assistant when denied his Reasonable Accommodations with a conscious disregard to his health and safety.

Defendant failed to response to notices of communication by turning her head to the obvious upon having constructive knowledge that plaintiff filed numerous Compls, Defendant breach her duties as a Deputy of program when failing to provide plaintiff adequate information concerning the procedure of confiscating Reasonable Accommodations. Nor provided plaintiff access to a proper sit down with defendant (LEWIS) going over the particulars. Instead, plaintiff was removed from (SDU) housing without (R.A). Defendant breached her duties causation resulting in injuries sustained to plaintiff.

#### **4. Ms (LEWIS) QUALIFIED INTERPRETER**

Defendant (LEWIS) responsibilities as a qualified interpreter are to assure that qualified individuals (disabled) receive adequate comprehensive, training methods, access to Auxiliary Aids to devices and all services mandated under ADA, 504 Rehabilitation Act (Title 2) not excluding up to date information concerning entitlement conducive in maintaining stable mind sets while assuring that all disabled prisoners are sufficiently provided an even playing field opposed to those incarcerated prisoners without a disability. Defendant is responsible was responsible for calling plaintiff down to her office Resource Room and confiscating all Reasonable Accommodations. Defendant upon having constructive knowledge of plaintiff's Compl. to outside agencies acted in a manner with malicious intent to do the plaintiff harm, while also requesting plaintiff to give her his hat which was worn and torn, plaintiff removed his (SDU) hat off his head and (Lewis) disposed cap in the trash can.

In addition, defendant failed to provide plaintiff any vehicles to utilized any outside agencies or internal assistance within (DOCCS) external administration in order to proceed with any appeal proceedings in restoring entitlement in a breach of duty. Defendant should have requested that plaintiff be seen personally by defendant (Guzman) de novo assisting

plaintiff with medical notes, copies of records relating to defendant (Guzman findings while requesting that plaintiff remain with all Reasonable Accommodations and remain in (SDU) housing pending appeal stages upon finality of Chief Medical examiner.

**Stating a claim: 28 USC § 1915 (b) and 28 USC §1915 (e) (2)(b)**

- 1) Plaintiff's first cause of action is that the Defendants are liable in damages, causation to plaintiff injuries sustained when acting with DELIBERATE INDIFFERENCE to plaintiff's health and safety acted in a manner contrary to federal law with a MALICIOUS INTENT, to do harm to the plaintiff.
- 2) Plaintiff's second cause of action is that the Defendants are liable in damages, causation to plaintiff injuries sustained when acting GROSSLY NEGLIGENT resulting in immense PAIN AND SUFFERING to plaintiff.
- 3) 1) Plaintiff's first cause of action is that the Defendants are liable in damages, causation to plaintiff injuries exercised CRUEL AND UNUSUAL TREATMENT in a manner that was in violation of federally protected law.

**DAMAGES:**

Plaintiff asserts that defendants ("The State of New York") are 100% liable in damages injuries sustained to plaintiff causation of defendant misconduct, subjected a citizen of the United States in a deprivation of Rights, privileges

or Immunities secured, known Act. In violation of pre existing federal law USCA Const Amend 8<sup>th</sup> ADA, 504 Rehabilitation Act (Title 2) (Id)

Secondly, Plaintiff asserts that defendants exercised Cruel and Unusual treatment with a reckless disregard in a deprivation of Rights , privileges or Immunities secured, known acts in violation of pre- existing federal law USCA Const 8 th Amend, 504 Rehabilitation Act (Title 2).

**Foreseeable Risk:**

Defendants upon having constructive knowledge that qualified individuals will be faced with deficiencies in maintaining or receiving Reasonable Accommodations knew that incarcerated individuals will face a grave risk to their health and safety, without adequate due process in hearings to determine the severity of their disabilities, (foreseeable risk). Defendants the State of New York with a conscious upon implementing a policy that violated the rights of qualified individuals

**Negligence:**

Defendant misconduct in retaliation of plaintiff exercising his Const Rights, resulting in plaintiff sustaining physical injuries relating to, fluctuating high blood pressure, asthma, diabetes, vertigo, deterioration of vision, headaches amongst other things, weight Plaintiff is requesting **1.5 Million Dollars.**

**Punitive:**

a) Defendants superior / agents unlawful deceptive acts resulted in violation pursuant to ADA, 504 Rehabilitation Act (title 2). Plaintiff is requesting the amount of **10,000 dollars**, which does not shock the conscious of modern day jury

**Compensatory Damages:**

Defendants action were objective unreasonable in the light of the facts caused plaintiff to suffered mental anguish. Plaintiff is requesting the amount of **1. 5 Million dollars.**

**Intentional Infliction of Emotional Distress (IIED)**

Defendants' misconduct in retaliation resulted in a malicious intent that shock the conscious of a modern day jury. Plaintiff is requesting the amount of **900, 000 dollars.**

**INJUNCTIVE RELIEF:**

(‘Exhibits’) attached to plaintiff’s (“Compl.”) establishes claims plausible on its face warrants Immediate Injunctive Relief while proceedings are still pending finality. Plaintiff is requesting to be restored all Reasonable Accommodations in its entirety in order to utilized devices for Court proceedings while minimizing further deterioration of eye sight and removed from general population due to a grave risk to his health and safety.

Date: 10/28/2021

Napanoch New York 12458

Jerry Ramrattan 12-A-0608  
Eastern Ny Correctional Facility  
P.O. Box 338, Napanoch, New York  
12458 Housing Unit SH-16-11



The image shows a handwritten signature in black ink. The name "Jerry Ramrattan" is written in cursive, with a horizontal line underneath it. Below the line, the phrase "Pr- se Qualified Individual" is written in a smaller, printed font.

Date 10/28/2021

\*\*\*\*\*

**PLAINTIFF'S COMPL, AGAINST ("THE STATE") OF  
NEW YORK IN DEPRIVATION OF CIVIL RIGHTS  
SECURED BY THE UNITED STATES CONST. AND  
FEDERALLY PROTECTED RIGHTS PURSUANT TO,  
ADA, 504 REHABILITATION ACT (TITLE 2)**

\*\*\*\*\*

42 USC §§ 1983,

21Civ. \_\_\_\_ ( ) ( )

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Jerry Ramrattan 12-A-0608

Plaintiff (*pro-se*):

(Qualified Individual)

Eastern NY Correctional Facility

Box 338 Napanoch, New York 12458

Commission for the Blind

Registration # **181781**

## SUMMARY

- 1) Plaintiff's federally protected rights as a legally blind qualified individual.**
- 2) Plaintiff's background and procedural history.**
- 3) Deprivation of plaintiff's Civil Rights resulting in Damages.**
- 4) Personal Involvement in direct participation of superiors and actors.**
- 5) Relief of Sought.**

### **Const and statutory provision pursuant to State and Federal claims**

42 USC § 1983

State Claims, Intentional Infliction of Emotional Distress, Negligence, Breach of contract

USCA CONST AMEND 8, 14

Civil Rights Law

New York State Human Rights Law (NYSHRL)

New York § CPLR Section 1029 (Due Diligence))

New York § CPLR Section 3016 (Notice)

American Disability Act, 504 Rehabilitation Act (Title 2)

Federal Provisions

28 CFR § 35.130 (b) 29 USC 794 (§ 504 USC, §§12131, 12133 28 CFR, §§ 42 504(1)

**Claims involving federal claims pursuant to, 42 USCA §§ 1983**

- 1) Defendants, **State of New York**
  - a) Superior Respondent
  - b) Foreseeable Risk
  - c) Deliberate Indifference
  - d) Cruel and Unusual Treatment

**Exhibits**

1) Exhibit **(A)**

Excerpts of Plaintiff's medical records establishing a qualified individual (legally Blind)

2) Exhibit **(B)**

Plaintiff's records indicating Exhaustion of Administrative remedies (PLRA) grievances pursuant to, 42 USCA § 200e et Seq

3) Exhibit **(C)**

Plaintiff's internal/external notices of communications with Disabilities Rights of New York (Matt Steel), also Legal Aid Society (Stefan Short) concerning deficiencies of Eastern facility providing Reasonable Accommodations

4) Exhibit **(D)**

Plaintiff's records indicating Notice of Intent filed within (90) day tolling period pursuant to § 50-(e)

Jerry Ramrattan  
Plaintiff (*Pro- se*)

(DOCCS) and Community Supervision  
Eastern Correctional facility Box 338,  
Napanoch, New York, 12458, Housing  
Unit / South Hall 16-27

Date: 11/08/2021

**VIA: Free Matter for the Blind Postage**

To: Clerk of Court (Pro-se Motion Part)  
United States District Courthouse  
Southern District of New York  
40 Foley Square  
New York, New York 10007

Commission for the Blind  
Registration # 181781

**Re: Undue Hardship Special circumstances**

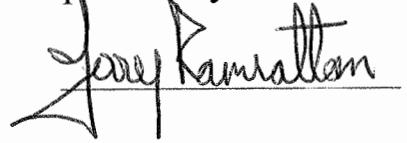
Dear Counsel:

I am the plaintiff legally blind, member of a particular class base, via, (Commission for the blind registration # 181781) in the above mentioned referenced matter, In that capacity. I write to you via, notice of communication placing the Court on immediate notice that due to the rapid deterioration of my remaining eyesight. I am requesting that the ("Affirmation in Request for Document Demand") coupled with, (Affirmation in Interrogatories) be placed upon my document sheet and filed due to I may not be able to formulate such Motions in the near future. Enclosed you will find both Affirmations along with my Compl, and Poor persons.

**PLAINTIFF THANKS THE COURT FOR ITS TIME AND  
CONSIDERATION.**

CC: File / J. R.

Respectfully Submitted

A handwritten signature in black ink, appearing to read "Jerry Kamattan". The signature is fluid and cursive, with a prominent 'J' at the beginning.

**EXHIBIT (A)**

Plaintiff medical records



# Commission for the Blind

KATHY HOCHUL  
Governor

SHEILA J. POOLE  
Commissioner

## Verification of Legal Blindness

Name:  
Jerry Ramrattan 12-A-0608

Address:  
Eastern Correctional Fac.  
PO Box 338  
Napanoch, NY 12458

NYSCB Registration No.  
CF# 181781

The above named person is registered as legally blind with the Commission for the Blind in accordance with New York State law, Section 8704.

Signature: *Nathaniel Beyer*

Title: Assistant Commissioner  
Date: 11/09/2021



NYS Office of Children & Family Services  
Commission for the Blind  
52 Washington Street, Room 201 South  
Rensselaer, New York 12144

Jerry Ramrattan  
Eastern Correctional Facility  
Napanoch, NY 12458

NYSCB Registration #: 181781



# Commission for the Blind

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Commissioner

## Verification of Legal Blindness

Name:  
Jerry Ramrattan

NYSCB Registration No.  
CF# 181781

Address:  
31-43 101st St.  
East Elmhurst, NY 11369

The above named person is registered as legally blind with the Commission for the Blind in accordance with New York State law, Section 8704.

Signature: *Nathaniel Beyer*

Title: Assistant Commissioner  
Date: 01/29/2020

## ATTACHMENT B

No. 2612, Inmates With Sensorial Disabilities

DATE 10/26/2010 PAGE 11 of 16

PHOTOCOPY LOCALLY AS NEEDED

REQUEST FOR REASONABLE ACCOMMODATIONSDate 3/20/17Inmate's Name Ramroth, J Dim # 12A0608 Facility Sullivan I do not request reasonable accommodations I request reasonable accommodations as indicated below for the following program or service:

Check to indicate request

HEARING IMPAIRMENT		VISUAL IMPAIRMENT	
Requested	Approved	Requested	Approved
<input type="checkbox"/> Qualified Sign Lang. Interpreter	<input type="checkbox"/>	<input checked="" type="checkbox"/> Large Print	<input checked="" type="checkbox"/> <u>R</u>
<input type="checkbox"/> TTD/TTY	<input type="checkbox"/>	<input checked="" type="checkbox"/> Orientation & Mobility Instruct.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Telephone Amplifier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Mobility Assistants/Sighted Guide	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Closed Caption Television	<input type="checkbox"/>	<input checked="" type="checkbox"/> Guidance Cane	<input type="checkbox"/>
<input checked="" type="checkbox"/> Sound Amplification Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/> Support Cane	<input type="checkbox"/>
<input checked="" type="checkbox"/> Hearing Aids/Batteries	<input checked="" type="checkbox"/>	<input type="checkbox"/> Braille Print	<input type="checkbox"/>
<input type="checkbox"/> Notification Systems	<input type="checkbox"/>	<input type="checkbox"/> Braille Equipment	<input type="checkbox"/>
<input checked="" type="checkbox"/> Visual Smoke Detector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Magnifiers	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Preferred Seating	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Tape Player/Cassettes	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Shake Awake Alarm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Lamp	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Pocket Talker	<input type="checkbox"/>	<input checked="" type="checkbox"/> Visor/Sunglasses for indoor use	<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/> Other <u>Black glasses</u>	<input type="checkbox"/>

Jerry Ramroth 12A0608

(Inmate's Signature)

Megan, ORC

(Staff Name/Title)

(Staff Signature)

MEDICAL VERIFICATION (Use established definitions) Severe Visual Impairment (V230)  Blind (B240)  Non Significant Hearing Loss (HL30) Hard of Hearing (HL20)  Deaf (HL10) No Medical Verification on File Follow-up Appointment Necessary?  Yes  NoJ. Wolf, M.D.

(Medical Staff - Name/Title)

J. Wolf, M.D.

(Med. Staff Signature)

3-21-17

(Date)

Return this form to the Staff member whose name appears next to the inmate's signature above.

REASONABLE ACCOMMODATION DETERMINATION

The reasonable accommodations requested above have been:

- approved as requested
- modified - accommodations which have been approved are marked above
- denied
- pending medical verification

EXPLANATION of modification or denial: Appared for accommodations required3/28/17for his visual/hearing impairment.

(Inmate's Signature)

(Signature)

(Date)

This section is to be completed by the inmate.

 I agree /  I disagree with this determination

I want to meet with the Superintendent or his/her designee during this review.

I want to have an interpreter with me or other assistive device during this meeting.

Jerry Ramroth 12A0608 03-28-17

(Date)

Distribution:

Original - Guidance File

Copies - Inmate, Medical, OMH, Parole, ADA Coordinator (Central Office)

Form 2612B (4/15) PHOTOCOPY LOCALLY AS NEEDED

Page 4

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND  
COMMUNITY SUPERVISIONREQUEST FOR REASONABLE ACCOMMODATIONS FOR  
INMATES WITH SENSORIAL DISABILITIESDate 04-11-18Facility Wende C.F.Inmate's Name JERRY RAMRATTANDIN# 12A0608 I do not request reasonable accommodations I request reasonable accommodations as indicated below for the following program or service: Visual & Hearing impaired!

Check to indicate request

Note both are fully medically documented.

HEARING IMPAIRMENT		VISUAL IMPAIRMENT	
Requested	Approved	Requested	Approved
<input type="checkbox"/> Qualified Sign Lang. Interpreter	<input type="checkbox"/>	<input checked="" type="checkbox"/> Large Print	<input checked="" type="checkbox"/>
<input type="checkbox"/> TTD/TTY	<input type="checkbox"/>	<input checked="" type="checkbox"/> Orientation & Mobility Instruct.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Telephone Amplifier	<input type="checkbox"/>	<input checked="" type="checkbox"/> Mobility Assistants/Sighted Guide	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Closed Caption Television	<input type="checkbox"/>	<input checked="" type="checkbox"/> Guidance Cane	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Sound Amplification Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/> Support Cane	<input type="checkbox"/>
<input checked="" type="checkbox"/> Hearing Aids/Batteries	<input checked="" type="checkbox"/>	<input type="checkbox"/> Braille Print	<input type="checkbox"/>
<input checked="" type="checkbox"/> Notification Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/> Braille Equipment	<input type="checkbox"/>
<input checked="" type="checkbox"/> Visual Smoke Detector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Magnifiers	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Preferred Seating	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Tape / Talking book (LOC)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Shake Awake Alarm	<input type="checkbox"/>	Player/Cassettes	<input type="checkbox"/>
<input type="checkbox"/> Pocket Talker	<input type="checkbox"/>	<input checked="" type="checkbox"/> Lamp + Blub	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> TALK WATCH (Visual Impairment)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Visor/Sunglasses for indoor use / sleep mask	<input type="checkbox"/>
<input checked="" type="checkbox"/> TALK Calculator (Visual Impairment)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Other Service dog	<input type="checkbox"/>
<input checked="" type="checkbox"/> TALK DICTIONARY (Visual Impairment)	<input checked="" type="checkbox"/>	Which I have a full train dog.	<input type="checkbox"/>

REOPEN/LARGE Bold line paper

Inmate's Signature

Jerry Ramrattan74-4

Staff Name/Title

K. Ferguson, R. 108

Staff Signature

R.D.M.

**MEDICAL VERIFICATION** (Use established definitions)

- Severe Visual Impairment (V230)  Blind (B240)  
 Non Significant Hearing Loss (HL30)  
 Hard of Hearing (HL20)  Deaf (HL10)  
 No Medical Verification on File

Follow-up Appointment Necessary?  Yes  No

J. Oberle Jr.

J. Oberle Jr.

4/16/18

Medical Staff - Name/Title

Medical Staff Signature

Date

Return this form to the Staff member whose name appears next to the inmate's signature above.

**REASONABLE ACCOMMODATION DETERMINATION**

The reasonable accommodations requested above have been:

- approved as requested  
 modified – accommodations which have been approved as marked above   
 denied  
 pending medical verification

**EXPLANATION of modification or denial:**

B McDonald

DSP or designee

Zinnah

(Signature)

4-18-18

Date

This section is to be completed by the inmate:

- I agree  
 I disagree with this determination  
 I want to meet with the superintendent or his/her designee during this review  
 I want to have an interpreter with me or other assistive device during this meeting.

John Rawal

Inmate's Signature

04-26-18

Date

Form 2612B (4/15)  
Page 1

PHOTOCOPY LOCALLY AS NEEDED

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Inmate's Name Ramchandran

DIN 12A0608

## Facility

Date 9/12

- I do not request reasonable accommodations  
 I request reasonable accommodations as indicated below for the following program or service: SOU

Check to indicate request

HEARING IMPAIRMENT		VISUAL IMPAIRMENT	
Requested	Approved	Requested	Approved
<input type="checkbox"/> Qualified Sign Lang. Interpreter	<input type="checkbox"/>	<input checked="" type="checkbox"/> Large Print	<input checked="" type="checkbox"/>
<input type="checkbox"/> TTD/TTY	<input type="checkbox"/>	<input checked="" type="checkbox"/> Orientation & Mobility Instruct	<input checked="" type="checkbox"/>
<input type="checkbox"/> Telephone Amplifier	<input type="checkbox"/>	<input checked="" type="checkbox"/> Mobility Assistants/Sighted Guide	<input checked="" type="checkbox"/>
<input type="checkbox"/> Closed Caption Television	<input type="checkbox"/>	<input checked="" type="checkbox"/> Guidance Cane	<input checked="" type="checkbox"/>
<input type="checkbox"/> Sound Amplification Systems	<input type="checkbox"/>	<input type="checkbox"/> Support Cane	<input type="checkbox"/>
<input type="checkbox"/> Hearing Aids/Batteries	<input type="checkbox"/>	<input type="checkbox"/> Braille Print	<input type="checkbox"/>
<input type="checkbox"/> Notification Systems	<input type="checkbox"/>	<input type="checkbox"/> Braille Equipment	<input type="checkbox"/>
<input type="checkbox"/> Visual Smoke Detector	<input type="checkbox"/>	<input checked="" type="checkbox"/> Magnifiers	<input checked="" type="checkbox"/>
<input type="checkbox"/> Preferred Seating	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tape Player/Cassettes	<input checked="" type="checkbox"/>
<input type="checkbox"/> Shake Awake Alarm	<input type="checkbox"/>	<input checked="" type="checkbox"/> Lamp	<input checked="" type="checkbox"/>
<input type="checkbox"/> Pocket Talker	<input type="checkbox"/>	<input checked="" type="checkbox"/> Visor/Sunglasses for indoor use	<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/> Other <i>Talking Watch, Zippo lighter</i>	<input checked="" type="checkbox"/>

(Inmate's Signature)

(Staff Name/Title)

(Staff Signature)

**MEDICAL VERIFICATION (Use established definitions)**

- Severe Visual Impairment (V230)  Legally Blind (B240)  Non Significant Hearing Loss (HL30)  
 Hard of Hearing (HL20)  Deaf (HL10)  
 No Medical Verification on File Follow-up Appointment Necessary?  Yes  No

(Medical Staff - Name/Title)

(Med. Staff Signature)

Date

Return this form to the Staff member whose name appears next to the inmate's signature above.

## REASONABLE ACCOMMODATION DETERMINATION

The reasonable accommodations requested above have been:

- Approved as requested

Modified - accommodations which have been approved are marked above

Denied

Pending medical verification

**EXPLANATION of modification or denial:**

C. Morris  
(DSP or designee)

Chom  
(Signature)

9/23/29  
(Date)

This section is to be completed by the inmate.

- I agree       I disagree with this determination  
 I want to meet with the Superintendent or designee during this review.  
 I want to have an interpreter with me or other assistive device during this meeting.

(Inmate's Signature)

(Date)

Form 2612B (4/15)  
Page 1

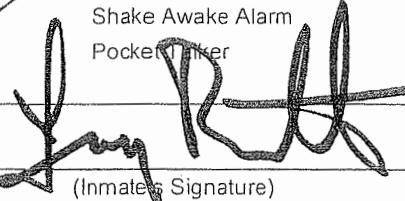
PHOTOCOPY LOCALLY AS NEEDED

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

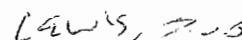
REQUEST FOR REASONABLE ACCOMMODATIONS FOR INMATES WITH SENSORIAL DISABILITIESInmate's Name RamfettanDIN 13A0608Facility Port JDate 9/12/19 I do not request reasonable accommodations I request reasonable accommodations as indicated below for the following program or service:

Check to indicate request

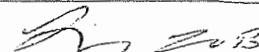
HEARING IMPAIRMENT		VISUAL IMPAIRMENT	
Requested	Approved	Requested	Approved
<input type="checkbox"/> Qualified Sign Lang. Interpreter	<input type="checkbox"/>	<input type="checkbox"/> Large Print	<input type="checkbox"/>
<input type="checkbox"/> TTD/TTY	<input type="checkbox"/>	<input type="checkbox"/> Orientation & Mobility Instruct	<input type="checkbox"/>
<input checked="" type="checkbox"/> Telephone Amplifier	<input type="checkbox"/>	<input type="checkbox"/> Mobility Assistants/Sighted Guide	<input type="checkbox"/>
<input checked="" type="checkbox"/> Closed Caption Television	<input type="checkbox"/>	<input type="checkbox"/> Guidance Cane	<input type="checkbox"/>
<input type="checkbox"/> Sound Amplification Systems	<input type="checkbox"/>	<input type="checkbox"/> Support Cane	<input type="checkbox"/>
<input checked="" type="checkbox"/> Hearing Aids/Batteries	<input type="checkbox"/>	<input type="checkbox"/> Braille Print	<input type="checkbox"/>
<input type="checkbox"/> Notification Systems	<input type="checkbox"/>	<input type="checkbox"/> Braille Equipment	<input type="checkbox"/>
<input type="checkbox"/> Visual Smoke Detector	<input type="checkbox"/>	<input type="checkbox"/> Magnifiers	<input type="checkbox"/>
<input checked="" type="checkbox"/> Preferred Seating	<input type="checkbox"/>	<input type="checkbox"/> Tape Player/Cassettes	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shake Awake Alarm	<input type="checkbox"/>	<input type="checkbox"/> Lamp	<input type="checkbox"/>
<input type="checkbox"/> Pocket Filter	<input type="checkbox"/>	<input type="checkbox"/> Visor/Sunglasses for indoor use	<input type="checkbox"/>
		<input type="checkbox"/> Other	<input type="checkbox"/>



(Inmate's Signature)



(Staff Name/Title)



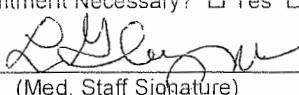
(Staff Signature)

MEDICAL VERIFICATION (Use established definitions)

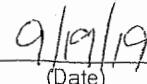
- Severe Visual Impairment (V230)  Legally Blind (B240)  Non Significant Hearing Loss (HL30)  
 Hard of Hearing (HL20)  Deaf (HL10)  
 No Medical Verification on File Follow-up Appointment Necessary?  Yes  No

L Glasgow RNBS NA

(Medical Staff - Name/Title)



(Med. Staff Signature)

  
(Date)

Return this form to the Staff member whose name appears next to the inmate's signature above.

REASONABLE ACCOMMODATION DETERMINATION

The reasonable accommodations requested above have been:

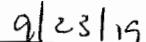
- Approved as requested  
 Modified - accommodations which have been approved are marked above  
 Denied  
 Pending medical verification

EXPLANATION of modification or denial: Per medical HL 30. support approval of requestC. Morris

(DSP or designee)

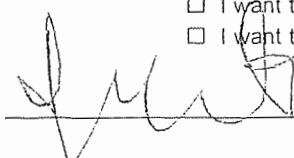


(Signature)

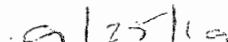
  
(Date)

This section is to be completed by the inmate.

- I agree  I disagree with this determination  
 I want to meet with the Superintendent or designee during this review.  
 I want to have an interpreter with me or other assistive device during this meeting.



(Inmate's Signature)

  
(Date)

SN - 16-27

Revised (7/11)  
Form #2614B  
COPY LOCALLY  
AS NEEDED

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

## REQUEST FOR REASONABLE ACCOMMODATION

EASTERN**RECEIVED**

Correctional Facility

JUN 01 REC'D

Inmate's Name	DIN#	Date
<u>Jerry Rambattan</u>	<u>12A0608</u>	<u>06-01-2020</u>
<p>I request reasonable accommodation to participate in the following program and/or service:  <b>ANY OR AS Needed at EASTERN per my Attorneys.</b></p>		
<p>I am limited in my ability to (explain disability or limitation): <b>Legally blind and hearing impaired / N.Y.S.C.B. Reg. # CF#181781</b></p>		
<p>The accommodation requested is: <b>for being legally blind &amp; hearing impaired But to stay in Southwark</b></p>		
(Sign and forward to the Deputy Superintendent for Program Services)		
<u>Jerry Rambattan 12A0608</u> <small>Inmate's Signature</small>		
INMATE'S REQUEST	C. Morris	Choml
REC'D BY DSP	(DSP Name)	(Signature)
DATE	6/2/2020	
<p>Disability <u>Noel</u></p>		
<p>Functional limitations <u>Noel</u></p>		
<p>No medical verification is on file. Follow-up appointment scheduled? <input type="checkbox"/> yes <input type="checkbox"/> no</p>		
<p>Date inmate notified of pending medical evaluation/consult: <u>Refused optometry consult</u></p>		
<p><u>Jy Gusman</u> <u>6/4/2020</u></p>		
<p>(Medical staff name - title) (Signature) Date</p>		
MEDICAL VERIFICATION	<p>The above requested reasonable accommodation has been: <input type="checkbox"/> Approved <input type="checkbox"/> Modified <input checked="" type="checkbox"/> Denied</p>	
<p>The specific accommodations approved are: _____</p>		
<p>Explanation of modification or denial: <u>Inmate cannot be properly assessed based on notation from medical that he refused optometry consult</u></p>		
<p><u>Jerry Rambattan</u> <u>Choml</u> <u>7/21/2020</u></p>		
<p>(Inmate's Signature) (DSP or designee signature) Date</p>		
REASONABLE ACCOM. DETERMINATION	<p><input type="checkbox"/> I agree <input checked="" type="checkbox"/> I disagree with this determination.</p>	
<p>I understand my right to file a grievance in accordance with Directive #4040, "Inmate Grievance Program"</p>		
<p>Signature <u>Jerry Rambattan</u></p>		
INMATE RECEIPT	<p>JUN 24 REC'D</p>	
<p>OFFICE OF THE DEPUTY SUPERINTENDENT</p>		
<p>Date <u>06-22-20</u></p>		

**RECEIVED****RECEIVED**

JUN 11

JUN 11

No. 2612 Inmates With Sensory Disabilities  
OFFICE OF THE DEPUTY SUPERINTENDENT

Date Feb 15 2005 Page 10 OF 12

PHOTOCOPY LOCALLY AS NEEDED

Attachment B

**REQUEST FOR RESONABLE ACCOMMODATIONS**Date 05-24-2021Inmate's Name JERRY RAMRATTANDin# 12AC608 Facility EASTERN CF. I do not request reasonable accommodations I request reasonable accommodations as indicated below for the following program or service:As to daily living needs Note that I amCheck to indicate request Req. Legal Blind NYSCB # CF 18/78**Hearing Impairment**

Requested	Approved
<input type="checkbox"/> Qualified Sign Lang. Interpreter	<input type="checkbox"/>
<input type="checkbox"/> TTD/TTy	<input type="checkbox"/>
<input checked="" type="checkbox"/> Telephone Amplifier	<input type="checkbox"/>
<input checked="" type="checkbox"/> Closed Caption Television	<input type="checkbox"/>
<input checked="" type="checkbox"/> Sound Amplification Systems	<input type="checkbox"/>
<input checked="" type="checkbox"/> Hearing Aids/ Batteries	<input type="checkbox"/>
<input checked="" type="checkbox"/> Notification Systems	<input type="checkbox"/>
<input checked="" type="checkbox"/> Visual Smoke Detector	<input type="checkbox"/>
<input checked="" type="checkbox"/> Preferred Seating	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shake Awake Alarm	<input type="checkbox"/>
<input type="checkbox"/> Pocket Talker	<input type="checkbox"/>

Visual Impairment	
Requested	Approved
<input checked="" type="checkbox"/> Large Print	<input type="checkbox"/>
<input type="checkbox"/> Orientation & Mobility Instruct.	<input type="checkbox"/>
<input checked="" type="checkbox"/> Mobility Assistants/Sighted Guide	<input type="checkbox"/>
<input checked="" type="checkbox"/> Guidance Cane	<input type="checkbox"/>
<input type="checkbox"/> Support Cane	<input type="checkbox"/>
<input type="checkbox"/> Braille Print	<input type="checkbox"/>
<input type="checkbox"/> Braille Equipment	<input type="checkbox"/>
<input checked="" type="checkbox"/> Magnifiers	<input type="checkbox"/>
<input checked="" type="checkbox"/> Tape Player/ Cassettes	<input type="checkbox"/>
<input checked="" type="checkbox"/> Lamp	<input type="checkbox"/>
<input checked="" type="checkbox"/> Visor/ Sunglasses for indoor use	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other <u>Service dog by veteran program lic.*</u>	<input type="checkbox"/>

Inmate's Signature

Sony Panathan 12A0608

Staff Name/ Title

ms. Lewis, Job

Staff Signature

J, ZOB

Please Note this is the second set of forms  
 that I have filled out first one was on 05-17-21  
 Now this will be sent on 05-24-21 back to your office.

**MEDICAL VERIFICATION** (Use established definitions)

- Severe Visual Impairment (V230)
- Hard of Hearing (HL20)
- Blind (B240)
- Deaf (HL10)

Non Significant Hearing Loss (HL30) As of 1/2/2020  
 No Medical Verification on file Audiology consult

Follow-up Appointment Necessary? See below

Yes     No

Ann L. ANDOLAS MD

(Medical Staff - Name/Title)

Ann L. Andola MD

6/9/21

(Med. Staff Signature)

(Date)

Return this form to the staff member whose name appears next to the inmate's signature above.

① Pt has follow-up

to Facility Audiologist  
to review latest hearing  
test done at Albany Audiology

③ Pt has follow-up

to Neuro-Ophthalmology  
to re-evaluate subjective  
vision loss

## REASONABLE ACCOMMODATION DETERMINATION

The reasonable accommodations requested above have been:

- approved as requested
- modified – accommodations which have been approved are marked above
- denied

Pending medical verification

EXPLANATION of modification or

denial: Per medical, appointments are scheduled for assessment

C mcn  
(DSP or designee)

Chmnl  
(Signature)

6/14/21  
(Date)

This section is to be completed by the inmate.

- I agree
- I disagree with this determination
- I want to meet with the Superintendent or his/her designee during this review.
- I want to have an interpreter with me or other assistive device during this meeting.

Jony Rurallan  
Inmate's Signature)

06-17-21

(Date)

Distribution: Original - Guidance File  
Copies - Inmate, Medical, OMH, Parole, ADA Coordinator (Central Office).

No.2612 Inmates Sensorial Disabilities

Date FEB 15 2005 Page 11 of 12

Photocopy locally as needed

Attachment B-reverse side

\*\*\*\*\*

**SUPERINTENDENT'S REVIEW** (Superintendent's  
designee may conduct this review)

Date Received 6/21/21 Date of meeting with  
Inmate (if necessary) \_\_\_\_\_

Your request for reasonable accommodation has  
been

- approved as requested
- modified
- denied

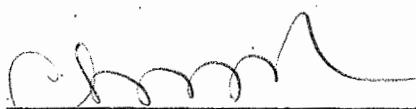
Explanation: per medical follow-up assessment  
done on 6/21/21 will forward results + modification  
will be made if supported

Was sign language interpreter used at meeting

yes  No?

to interpret decision  yes  No?

If not explain why not \_\_\_\_\_



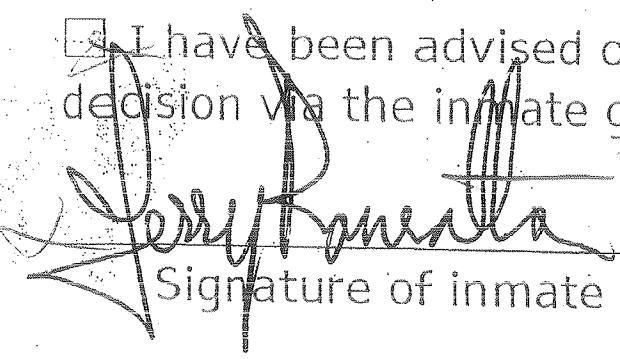
6/21/21

Signature of Superintendent or designee Date

Attachment B-reverse side

This section is to be completed by the inmate.

I have been advised of my right to grieve this decision via the inmate grievance program.

  
Signature of inmate

  
Date

Distribution: Original-Guidance File;  
Copies to Inmate, medical, OMH, parole, and  
ADA Coordinator (Central Office)

**RECEIVED**

SEP 22

No. 2612 Inmates With Sensorial Disabilities

Date Feb 15 2005 Page 10 OF 12

OFFICE OF THE DEPUTY SUPERINTENDENT

PHOTOCOPY LOCALLY AS NEEDED

Attachment B

**REQUEST FOR RESONABLE ACCOMMODATIONS**Date 09-13-21Inmate's Name Jerry RAMRATTAN 16-27Din# J2A0608 Facility EASTERN C.F. I do not request reasonable accommodations I request reasonable accommodations as indicated below for the following program or service: being legally blind + hearing impairedCheck to indicate request N.Y.S.C.B. Reg # 181781**Hearing Impairment**

Requested	Approved
<input type="checkbox"/> Qualified Sign Lang. Interpreter	<input type="checkbox"/>
<input type="checkbox"/> TTD/TTy	<input type="checkbox"/>
<input checked="" type="checkbox"/> Telephone Amplifier	<input type="checkbox"/>
<input checked="" type="checkbox"/> Closed Caption Television	<input type="checkbox"/>
<input checked="" type="checkbox"/> Sound Amplification Systems	<input type="checkbox"/>
<input checked="" type="checkbox"/> Hearing Aids/ Batteries	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Notification Systems	<input type="checkbox"/>
<input checked="" type="checkbox"/> Visual Smoke Detector	<input type="checkbox"/>
<input checked="" type="checkbox"/> Preferred Seating	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Shake Awake Alarm	<input type="checkbox"/>
<input type="checkbox"/> Pocket Talker	<input type="checkbox"/>

Visual Impairment	
Requested	Approved
<input checked="" type="checkbox"/> Large Print	<input type="checkbox"/>
<input type="checkbox"/> Orientation & Mobility Instruct.	<input type="checkbox"/>
<input checked="" type="checkbox"/> Mobility Assistants/Sighted Guide	<input type="checkbox"/>
<input checked="" type="checkbox"/> Guidance Cane	<input type="checkbox"/>
<input type="checkbox"/> Support Cane	<input type="checkbox"/>
<input type="checkbox"/> Braille Print	<input type="checkbox"/>
<input type="checkbox"/> Braille Equipment	<input type="checkbox"/>
<input checked="" type="checkbox"/> Magnifiers	<input type="checkbox"/>
<input checked="" type="checkbox"/> Tape Player/ Cassettes	<input type="checkbox"/>
<input checked="" type="checkbox"/> Lamp	<input type="checkbox"/>
<input checked="" type="checkbox"/> Visor/ Sunglasses for indoor use	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other <u>Veteran's Service dog if allowed</u>	<input type="checkbox"/>

Inmate's Signature

Verde Ramlattan

By  
Receiving  
Rec'd 12/28/2021  
500  
also 12/28/2021  
Type

Staff Name/ Title

ms. lawis, ZOB

Staff Signature

ZOB

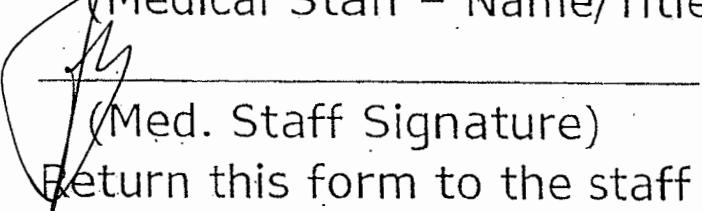
**MEDICAL VERIFICATION** (Use established definitions)

- Severe Visual Impairment (V230)
- Hard of Hearing (HL20)
- Blind (B240)
- Deaf (HL10)
- Non Significant Hearing Loss (HL30)
- No Medical Verification on file

Follow-up Appointment Necessary

- Yes
- No

(Medical Staff - Name/Title)

  
(Med. Staff Signature)

9/20/21  
(Date)

Return this form to the staff member whose name appears next to the inmate's signature above.

Mikhail Gusman, MD  
LIC#215332  
DEA# BG6495714  
NPI# 01193474

## REASONABLE ACCOMMODATION DETERMINATION

The reasonable accommodations requested above have been:

- approved as requested
- modified – accommodations which have been approved are marked above
- denied
- pending medical verification

### EXPLANATION of modification or

denial: Per medical you don't meet the criteria for reasonable accommodation. If changes occur please request a re-evaluation

(DSP or designee)

(Signature)

(Date) 9/23/21

This section is to be completed by the inmate

**RECEIVED**

OCT 04

- I agree
- I disagree with this determination
- I want to meet with the Superintendent or his/her designee during this review.
- I want to have an interpreter with me or other assistive device during this meeting.

OFFICE OF THE DEPUTY SUPERINTENDENT

Jerry Kammann  
(Inmate's Signature)

Oct. 01, 2021

(Date)

Distribution: Original - Guidance File  
Copies - Inmate, Medical, OMH, Parole, ADA Coordinator (Central Office).

No. 2612 Inmates Sensorial Disabilities  
Date FEB 15 2005 Page 11 of 12

Photocopy locally as needed

Attachment B-reverse side

\*\*\*\*\*

SUPERINTENDENT'S REVIEW (Superintendent's  
designee may conduct this review)

Date Received \_\_\_\_\_ Date of meeting with  
Inmate (if necessary) \_\_\_\_\_

Your request for reasonable accommodation has  
been

- approved as requested
- modified
- denied

Explanation: HL 30 not eligible for Hearing aid / batteries +  
preferred seating. Unable to determine visual impairment will  
have eye test reviewed for determination.

Was sign language interpreter used at meeting

yes  No?

to interpret decision  yes  No?

If not explain why not \_\_\_\_\_

A. All DSP

10/5/21

Signature of Superintendent or designee

Date

Attachment B-reverse side

Page 1

This section is to be completed by the inmate

- I have been advised of my right to grieve this decision via the inmate grievance program.



Signature of inmate

10-5-21

Date

Distribution: Original-Guidance File;  
Copies to Inmate, medical, OMH, parole, and  
ADA Coordinator (Central Office)

To my cell  
Got on 10-25-21

HEALTH SERVICES SYSTEM  
REQUEST AND REPORT OF CONSULTATION

NAME: RAMRATTAN, JERRY

DIN: 12A0608 DOB: 06/27/1972

CURRENT FAC: EASTERN GEN

REFERRING FAC: EASTERN GEN

REFERRAL NUMBER: 21221359.01M

REFERRAL DATE: 08/17/21 05:31P TELEMED: N<NN>

REFERRAL TYPE: FOLLOW-UP

TYPE OF SERVICE: GLAUCOMA

REFERRAL STATUS: SCHEDULED

URGENCY OF CARE: ASSIGNED

INTERPRETER:

MEDICAL HOLD: NO TYPE: REASON CODE: EXP. DATE:  
TRANSPORTATION: N WHEELCHAIR N NURSE N AMBULANCE N LITTER N HCA  
SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG  
REFERRED BY: ANN ANDOLA, MD APPPOINTMENT: 10/21/21 09:30A  
REVIEWED BY: ANN ANDOLA, MD POS: COXSACKIE RMU  
PROV: GANDHAM, SAI-OHP

REASON FOR CONSULTATION:

USER: 08/17/21 05:31P C100ALA

- ( 49YOM W/T2DM,HTN ON MEDS.LAST OPT EVAL 9/2020 NO DR.HVF UNRELIABLE 4/2021. )  
( SAW NOP 6/10/2021,DX SUBJECTIVE VISION LOSS.IMAGING ALL NORMAL.SUSPECTED )  
( FUNCTIONAL VISION LOSS.COMPLAINTS/SUBJECTIVE VISION OUT OF PROPORTION TO )  
( EXAM.AMBULATES INDEPENDENTLY,GLAUCOMA SUSP.ON LATANOPROST.F/U GLA 10/2021 )  
( )

===== ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

photoreactivity & HA after TBI  
CONSULTANT REPORT:

VP

S: ✓ VP 201150 3-2 16  
✓ LOS 201200 3-2 Tp 17  
                    (APD) (queezing)  
SL unal

very unreliable  
FN ~20-25% off  
TP 17, inferior  
coverleaf on  
original suspended

O: (1) Severe photoreactivity s/p TBI 2014  
- consider anterior glaucoma  
OCT 2017  
avg RNFI 99/103

A:

② GS 2/2 TCDR

- CLW Latanoprost qhs 06

- RTC Glaucoma done 6 months w/ testing before hand

Oct 4/2021 ✓  
No training avg. RNFI 99 94  
avg. RNFI 99 94

P:

Just OCT RNFI & ONSI

(HF/HVF have been very  
unreliable)  
Track w/ OCT RNFI

CONSULTANT SIGNATURE:

DATE: / /

IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY / /

\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE  
INMATE'S NYSDOCS PHYSICIAN.

- wants  
PLEASE CONSIDER REASONABLE ACCOMMODATION due to  
LIMITED WORDS & SUGGESTIONS due to photoreactivity  
S GANDHAM

1/10  
3/23/21 12:42:31  
HSC4781NYS DEPARTMENT OF CORRECTIONAL SERVICES  
HEALTH SERVICES SYSTEM  
REQUEST AND REPORT OF CONSULTATION

PAGE

1

Ref ✓

NAME: RAMRATTAN, JERRY

DIN: 12A0608 DOB: 06/27/1972

CURRENT FAC: EASTERN GEN

REFERRING FAC : EASTERN GEN

REFERRAL NUMBER: 20271803.01M

REFERRAL DATE : 09/29/20 05:38P TELEMED: N&lt;NN&gt;

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: GLAUCOMA

REFERRAL STATUS: SCHEDULED

URGENCY OF CARE: ROUTINE

INTERPRETER:

GLA ✓  
8/10/18MEDICAL HOLD: YES TYPE: 1 REASON CODE: 99 EXP. DATE: 2021-04-13  
TRANSPORTATION : N WHEELCHAIR N NURSE N AMBULANCE N LITTER N HCA  
SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG

REFERRED BY: MIKHAIL GUSMAN, MD

APPOINTMENT: 04/15/21 09:30A

REVIEWED BY: MIKHAIL GUSMAN, MD

POS: COXSACKIE RMU

PROV: GANDHAM, SAI-OPH

## REASON FOR CONSULTATION:

USER: 09/29/20 05:40P C100MAG

( GLAUCOMA, RECEIVES LATANOPROST. NEEDS EVALUATION OF GLAUCOMA SERVICE. )

( MUST HAVE FRESH OCT AND VF TEST )

( )

( )

( )

=====  
ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

## CONSULTANT REPORT:

GL SUSP

S:

V< CT 250      T< 13  
ct 150      14      SQUEEZINGHMR today  
Adv VP (by)

O:

SUSP      WNL (a)

ct 7 WNL WNL (a)

0.6

0.6

A:

Glasses      Sterile  
open eye reactivityct 14 latanoprost & vs (a)  
gr = legally blind  
VF, OCT done today

P:

Gandham

4/15/21

CONSULTANT SIGNATURE:

DATE: / /

IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY / /

6 M.

\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE  
INMATE'S NYSDOCS PHYSICIAN.

COPY

Ref V

11/25/20  
10/16/20 12:45:04  
HSC4781NYS DEPARTMENT OF CORRECTIONAL SERVICES  
HEALTH SERVICES SYSTEM  
REQUEST AND REPORT OF CONSULTATION

PAGE 1

NAME: RAMRATTAN, JERRYDIN: 12A0608 DOB: 06/27/1972  
CURRENT FAC: EASTERN GEN  
REFERRAL NUMBER: 20003687.01M  
REFERRAL TYPE: INITIAL  
REFERRAL STATUS: SCHEDULED  
INTERPRETER:REFERRING FAC : EASTERN GEN  
REFERRAL DATE : 01/03/20 04:11P TELEMED: N<N>  
TYPE OF SERVICE: AUDIOLOGY  
URGENCY OF CARE: ROUTINEMEDICAL HOLD: NO TYPE: REASON CODE: EXP. DATE:  
TRANSPORTATION : N WHEELCHAIR N NURSE N AMBULANCE N LITTER N HCA  
SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG  
REFERRED BY: MIKHAIL GUSMAN, MD  
REVIEWED BY: MIKHAIL GUSMAN, MD APPOINTMENT: 11/27/20 07:45A  
POS: AMC MEDICAL BUILDING  
PROV: DEPT OF AUDIOLOGY

## REASON FOR CONSULTATION:

( PLEASE APPROVE ABR TESTING AT THE AMC FOR THE INMATE THAT WAS MALINGERING B )  
 C LINDNESS. HIS HEARING LOSS MAY BE OF THE SAME ORIGIN.  
 ( )  
 ( )  
 ( )

=====  
ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

## CONSULTANT REPORT:

s: Patient was seen for an auditory brainstem response (ABR) test. He reports head trauma in 2014 causing bilateral hearing loss, resulting in the use of binaural hearing aids.

o: ABR, Tympanometry, Transient evoked otoacoustic Emissions (TEOAE)

a: Tympanometry UNL

TEOAE: Absent 2K-5KHz suggests mild or more hearing loss from 2K-5KHz bilaterally.

ABR: high biologic noise throughout testing.

p: mild sensorineural hearing loss 2K-4KHz bilaterally to severe profound

CONSULTANT SIGNATURE: Jessica T. PortuDATE: 11/20/2020IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY / /

\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE INMATE'S NYSDOCS PHYSICIAN.

NO OCT 18/20



COPY

7/21 12:06:13  
81NYS DEPARTMENT OF CORRECTIONAL SERVICES  
HEALTH SERVICES SYSTEM  
REQUEST AND REPORT OF CONSULTATION

PAGE 1

NAME: RAMRATTAN, JERRY

DIN: 12A0608 DOB: 06/27/1972  
CURRENT FAC: EASTERN GEN  
REFERRAL NUMBER: 21145403.01M  
REFERRAL TYPE: INITIAL  
REFERRAL STATUS: SCHEDULED  
INTERPRETER:REFERRING FAC : EASTERN GEN  
REFERRAL DATE : 06/09/21 04:19P TELEMED: N<N>  
TYPE OF SERVICE: AUDIOLOGY  
URGENCY OF CARE: ROUTINEMEDICAL HOLD: NO TYPE: REASON CODE: EXP.DATE:  
TRANSPORTATION : N WHEELCHAIR N NURSE N AMBULANCE N LITTER N HCA  
SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG  
REFERRED BY: ANN ANDOLA, MD  
REVIEWED BY: ANN ANDOLA, MDAPPOINTMENT: 08/17/21 09:00A  
POS: EASTERN CF  
PROV: SERHAN, JOHN-AUD

## REASON FOR CONSULTATION:

( 48YOM S/P ABR TESTING AT AMCH AUD DEPT FOR EVAL OF HEARING LOSS. AUD STAFF )  
( REPORT "MILD SENSORINEURAL HEARING LOSS 2K-4K HZ BILATERALLY TO SEVERE/PRO- )  
( FOUND." NEED FACILITY AUD PROVIDER TO REVIEW ABR TEST AND CONFIRM LEVEL OF )  
( HEARING LOSS / DIAGNOSIS. POSSIBLE MALINGERING. PT REQUESTING REASONABLE )  
( ACCOMMODATIONS. 5/19/21 PT REPORTED HA NOT WORKING DESPITE BATTERY CHANGE )

inflow range ----- ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S) New-Adder

2002 range  
tool off consultant reported  
- shrt 60% blr - not affected  
by (R) ear - Not affected  
LID 176W21; 176W21- TEOAE - High Frequency SNHL  
pt - V. vul (res)  
pt ref. - heavily communication  
OTO H - Meitch - pt has 60% - check ma  
Earmolds - 2 sides - LB/clear - Ochan, Nel  
SFT size 675 Hf-mufl - S.R. - AF - code 26  
Light AR esng. Light air & new fit Tech

O:

A: Add - T-coil - Binaural communication LIR HA's  
CAPTO.

P:

(HAO LIR)

Sept 1-2 m/s

John Shuman

08-17-21

CONSULTANT SIGNATURE:

IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY

DATE: / /

\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE  
INMATE'S NYSDOCS PHYSICIAN.

/ Pt HL 30

per verbal confirmation  
And who will send written information

COPY

FORM 3288 (9/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Eastern

Correctional Facility

## EYE RECORD

DATE

9/8/21

Name	DIN	DOB	Age
Ramrattan, Jerry	12A0608	6/27/72	49
<b>HISTORY</b> Chief Complaint  Meds DM 9/14  Prior Rx			
Ocular History: Prior Injury/Surgeries  Acuity OD FC OS NLP Add		Objective OD OS  Subjective OD — no 1 Pers. OS	CC acuity 20/20
External WNL		OD / OS  Cornea Iris +94 cm Conj. Lids Pupils Puncta Angle	Internal: Via mydriatic method WNL Perfora OD (circle) OS (circle)
			C/D Ratio 4/6 A/V Ratio 65/73/R Macula Vitreous Periphery no hazy no cataract
Additional Tests & Findings		IOP OD 12 OS 16 (A) S U V	Time Method
<b>ASSESSMENT:</b> (C) No drugs refuted		New Rx OD OS	Sph. Cyl. Axis Prism Add
<b>PLAN:</b> Circle Rx Glasses Referral to Follow-up (date) Other		Size Seg. Int.	Frame Color Mat. P.D.
(C) IOP controlled at		Provider - Signature	Date 9/8/21
<b>DISABILITY IMPAIRMENTS:</b>		- A) Visual acuity of 20/200 or less in the better eye with best correction, or - B) Visual field of no greater than 20° in the better eye.	
<input checked="" type="checkbox"/> Legal Blindness <input type="checkbox"/> Severe Visual Impairment <input type="checkbox"/> Visual Impairment		- A) Visual acuity of 20/70 or less in the better eye with best correction, or - B) Visual field of no greater than 40° in the better eye.	
<input type="checkbox"/> Large Print <input type="checkbox"/> Magnifier		<input type="checkbox"/> Guidance Cane <input type="checkbox"/> Braille Materials	
<b>Accomodations:</b> Readable Accommodations		<input type="checkbox"/> Mobility Assistant <input type="checkbox"/> High Intensity Lamp <input type="checkbox"/> Books on Tape <input type="checkbox"/> Preferred Seating	
<input type="checkbox"/> Tinted U/V Glasses % <input type="checkbox"/> Other		Color _____ M 0131	
		H. Michel Dumas, NP-C DEA #mm5144299 Lic. #536932-1	

COPY





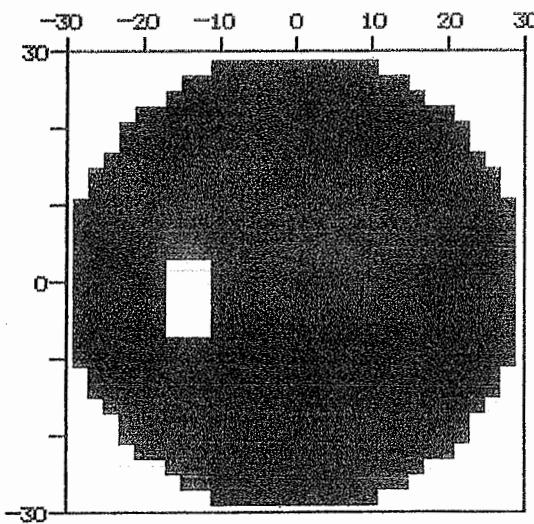
Interzeag OCTOPUS 1-2-3 V14.17  
Seven-in-One

*Ramgathan*

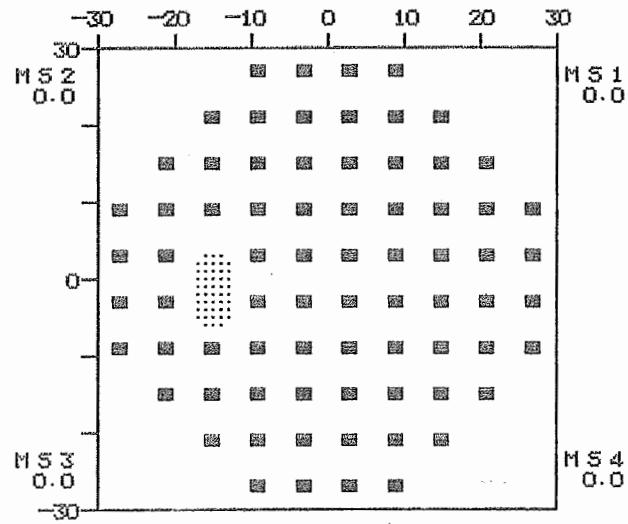
Name: . . . . .  
First name: . . . . .  
ID # 12 A 0608  
Birthdate: 6-27-1972  
Age: 43  
Sex:  
Refr. S/C/A: / /  
Acuity:  
IOP:  
MDD correction [dB]:

Eye / Pupil: Left (OS) /  
Date / Time: 2-5-2016 / 10:46am  
Test duration: 4:27  
Program / Code: t32 / 7  
# of Stages / Phases: / 1  
Strategy: TOP  
Target: 3  
Questions / Repetitions: 74 / 0  
Catch trials: pos 0/8, neg 0/0  
Diagnostic code: . . . . .

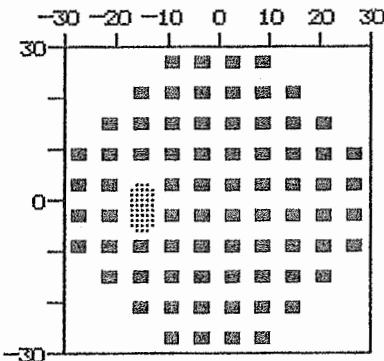
Greyscale of values



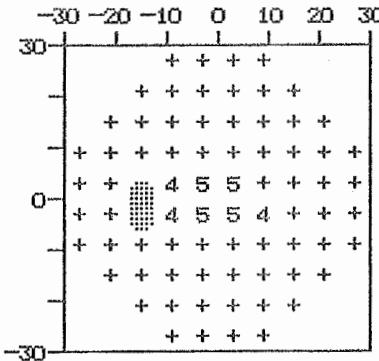
Values [dB]



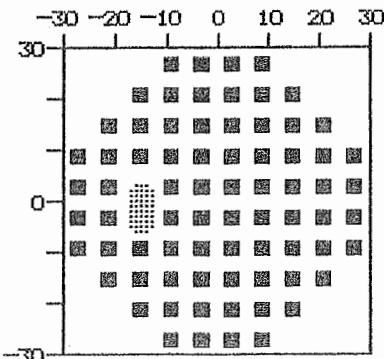
Comparisons [dB]



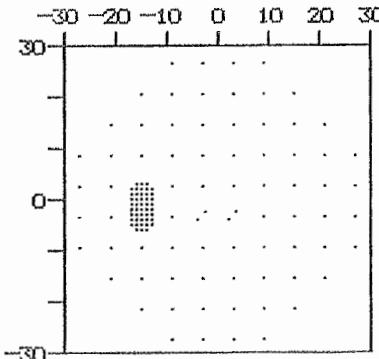
Corrected Comparisons



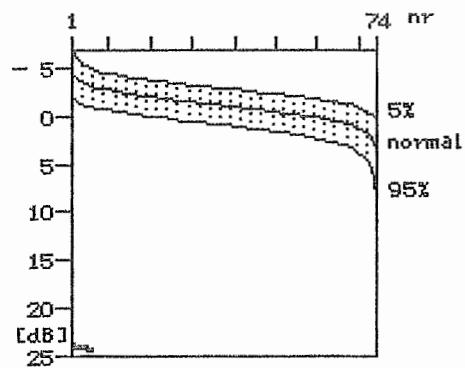
Probability



Corrected Probability



Deviation = 25.9 dB



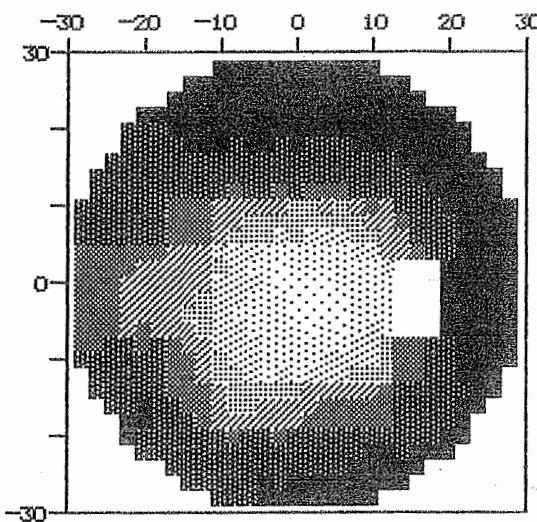
· P > 5 %	MS	0.0
· P < 5 %	MD	27.6
· P < 2 %	LV	2.2
· P < 1 %	CLV	-
· P < 0.5 %	SF	-
■ abs. def.	RF	0.0

Interzeag OCTOPUS 1-2-3 V14.17  
Seven-in-One

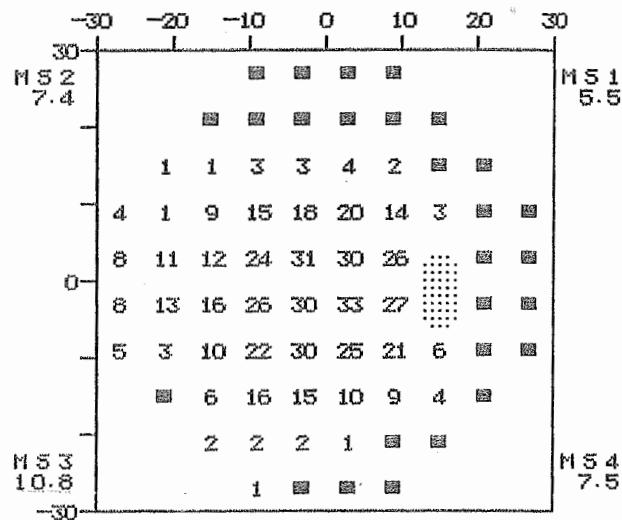
Name: *Romanation*  
 First name: *Terry*  
 ID # *1230608*  
 Birthdate: *6-27-1972*  
 Age: *43*  
 Sex:  
 Refr. S/C/A: */ /*  
 Acuity:  
 IOP:  
 MDD correction [dB]:

Eye / Pupil: Right (OD) /  
 Date / Time: 2-5-2016 / 10:41am  
 Test duration: 3:6  
 Program / Code: t32 / 7  
 # of Stages / Phases: / 1  
 Strategy: TOP  
 Target: 3  
 Questions / Repetitions: 74 / 0  
 Catch trials: pos 0 / 4, neg 1 / 4  
 Diagnostic code: . . . . .

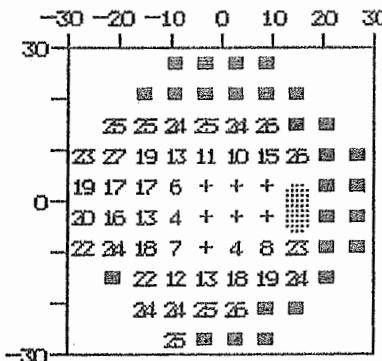
Greyscale of values



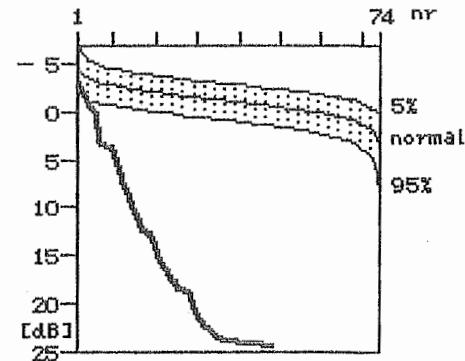
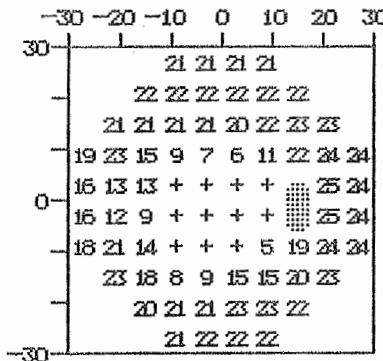
Values [dB]



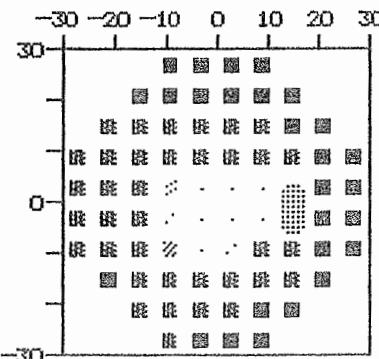
Comparisons [dB]



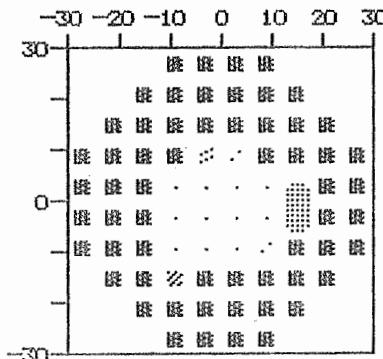
Corrected Comparisons



Probability



Corrected Probability



Deviation = 3.9 dB

· P > 5 %	MS	7.8
· P < 5 %	MD	19.8
≤ P < 2 %	LV	78.8
≤ P < 1 %	CLV	-
≤ P < 0.5 %	SF	-
■ abs. def.	RF	12.5

12AO608

Name: ramrattan, jerry



ID: CZMI42086125

Exam Date: 6/9/2017

DOB: 6/27/1972

Exam Time: 3:04 PM

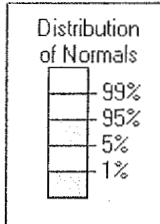
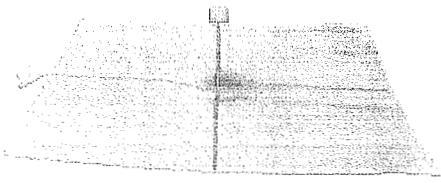
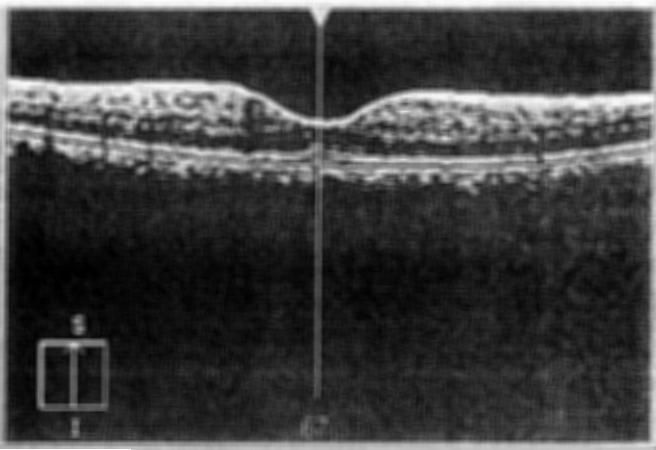
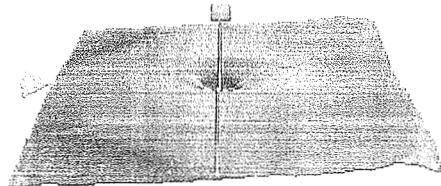
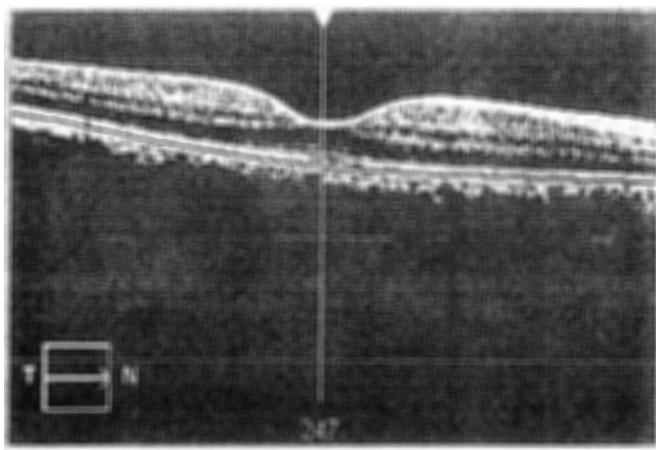
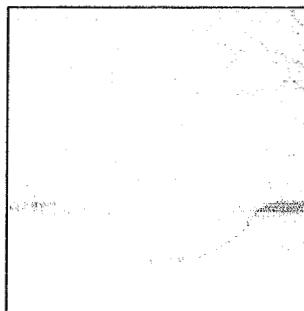
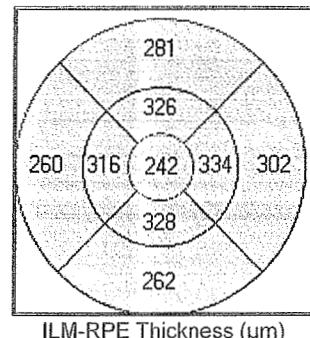
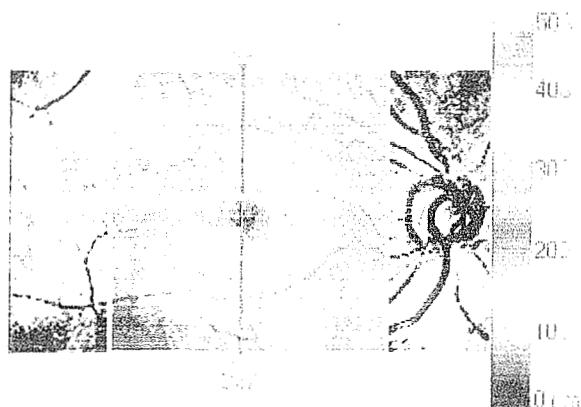
Gender: Male

Technician: Operator, Cirrus

Doctor:

Signal Strength: 10/10

## Macula Thickness : Macular Cube 512x128

OD  OS 

	Central Subfield Thickness ( $\mu\text{m}$ )	Cube Volume ( $\text{mm}^3$ )	Cube Average Thickness ( $\mu\text{m}$ )
ILM - RPE	242	10.1	281

Comments

opti neuropathy

pt macula (8)

Doctor's Signature

SS 6/27/17

J. Smith 6.27.17 M. Rattan



Name: ramrattan, jerry

ID: CZMI42086125

Exam Date: 6/9/2017

DOB: 6/27/1972

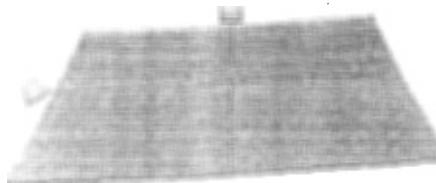
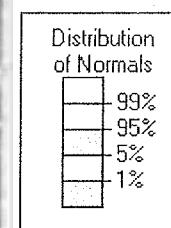
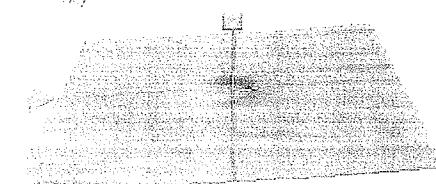
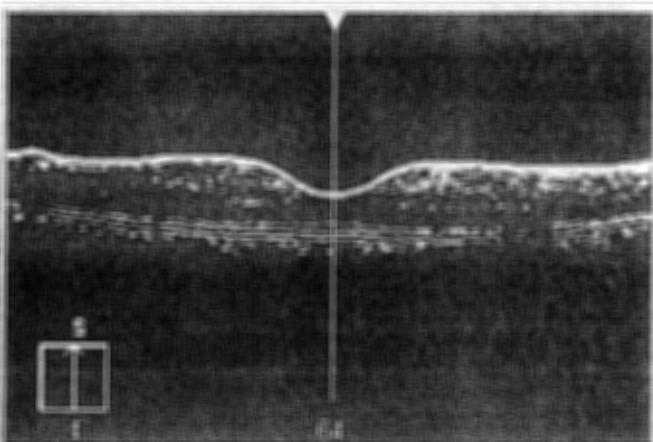
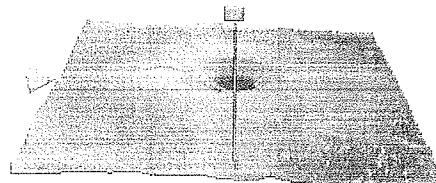
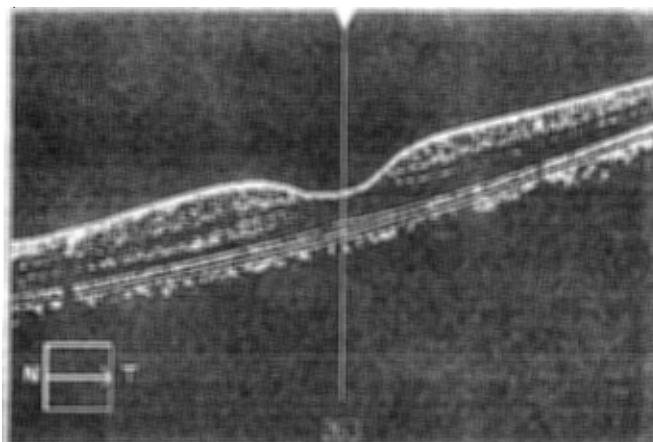
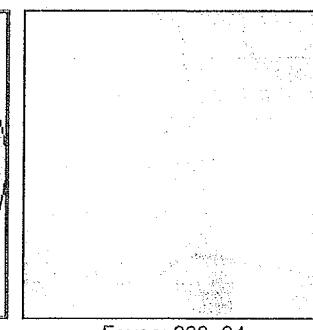
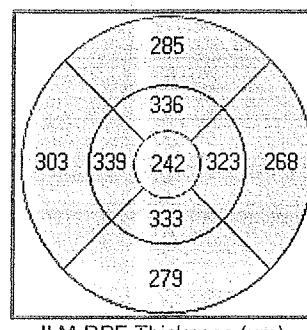
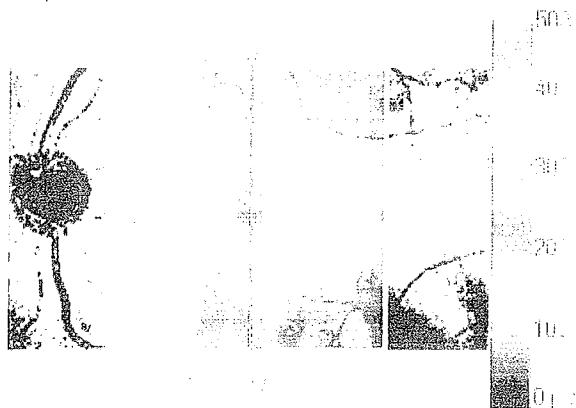
Exam Time: 3:05 PM

Gender: Male

Technician: Operator, Cirrus

Doctor:

Signal Strength: 8/10

**Macula Thickness : Macular Cube 512x128**OD   OS

	Central Subfield Thickness (µm)	Cube Volume (mm³)	Cube Average Thickness (µm)
ILM - RPE	242	10.4	288

Comments

optic disc edema  
NP macula

Doctor's Signature

SS 6/21/17

Name: ramrattan, jerry

OD

OS



ID: CZMI42086125

Exam Date: 6/9/2017 6/9/2017

DOB: 6/27/1972

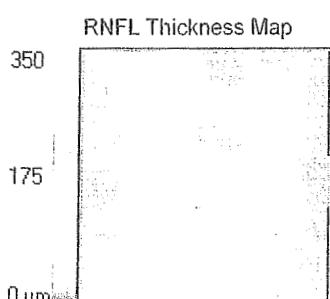
Exam Time: 3:04 PM 3:05 PM

Gender: Male

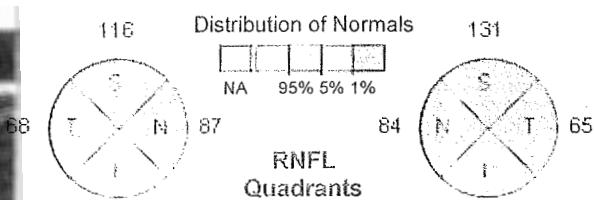
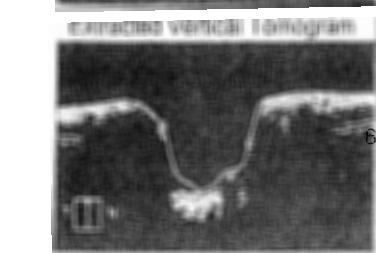
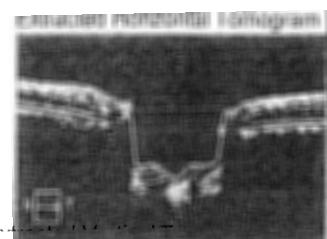
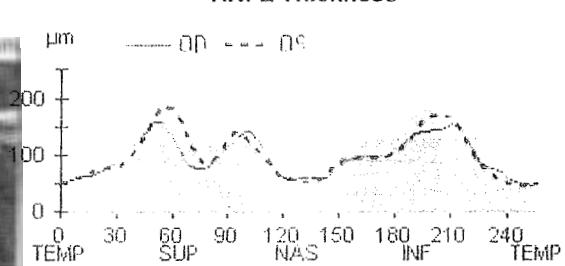
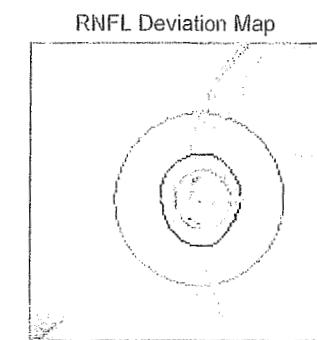
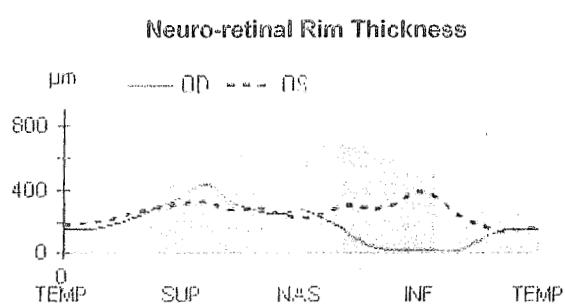
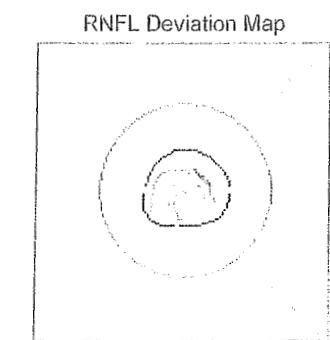
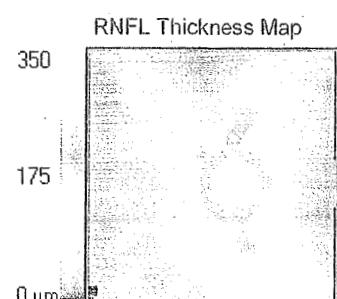
Technician: Operator, Cirrus

Doctor:

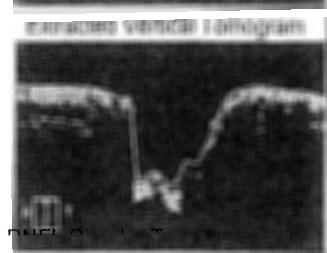
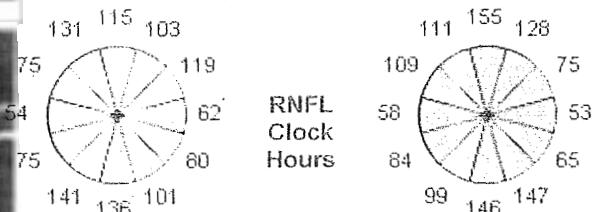
Signal Strength: 9/10 9/10

**RNFL and ONH:Optic Disc Cube 200x200**OD   OS

	OD	OS
Average RNFL Thickness	99 µm	103 µm
RNFL Symmetry	94%	
Rim Area	0.93 mm <sup>2</sup>	1.25 mm <sup>2</sup>
Disc Area	2.19 mm <sup>2</sup>	2.39 mm <sup>2</sup>
Average C/D Ratio	0.75	0.68
Vertical C/D Ratio	0.73	0.61
Cup Volume	0.572 mm <sup>3</sup>	0.551 mm <sup>3</sup>



RNFL Quadrants



Comments

Optic neuropathy (inf)

NP Mirella

Doctor's Signature

JG 6/21/12

5/10/17 8:50:02 NYS DEPARTMENT OF CORRECTIONAL SERVICES PAGE 1  
HSC4781 HEALTH SERVICES SYSTEM  
REQUEST AND REPORT OF CONSULTATION

NAME: RAMRATTAN, JERRY DIN: 12A0608 DOB: 06/27/1972  
REFERRING FAC: SULLIVAN CURRENT FAC: SULLIVAN  
REFERRAL DATE: 04/04/17 12:56P TELEMED: N<N> REFERRAL NUMBER: 17140236.01M  
TYPE OF SERVICE: NEURO-OPTHALMOLOGY REFERRAL TYPE: INITIAL  
URGENCY OF CARE: ROUTINE REFERRAL STATUS: SCHEDULED  
INTERPRETER:

MEDICAL HOLD: NO TYPE: REASON CODE: EXP. DATE:  
TRANSPORTATION: N WHEELCHAIR N NURSE N AMBULANCE N LITTER N HCA  
SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG SEVERE VISUAL IMPAIRMENT  
REFERRED BY: JANICE WOLF, MD, FHSD APPOINTMENT: 05/12/17 09:30A  
REVIEWED BY: JANICE WOLF, MD, FHSD PDS: COXSACKIE RMU  
PROV: EPSTEIN, VICTORIA-NOP

REASON FOR CONSULTATION: USER: 04/05/17 08:44PM C690JLW  
( PT SEEN BY GLA 12-27-16 AND 3-2017. GLA WELL CONTROLLED W/LATANPROST AND GLA )  
( MAY BE CAUSING THE INCR CUP. ON BOTH EXAM GLA STATES VA LOSS MORE SEVERE TH )  
( AM ON APPEARANCE. WITH RECENT ADDITIONAL INFORMATION, GLA REQ NOP EXAM TO EV )  
( AL FOR FUNCTIONAL BLINDNESS.  
( TO INCLUDE LAST GLA EVAL AND PHOTOS. )

ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

CONSULTANT REPORT: Poor vision OD, Vision loss OS - after 9/2014

S:

PTVA: CF 20/400 phVE p~4-3  
LP p~4-4  
+APD O). FFP 18 concussive/loss of cont.  
FFP 13

O: SLE: WNL EGM. full ex  
DFE: -0.6 Ishi: can't see  
-0.65/0.7 anything

Latanoprost  
9h

- A: ① Optic Neuritis - likely Traumatic OS<sup>OP</sup>  
Records only show MRI result. Optic nerves mostly unremarkable  
met brain from 2013  
not helpful relative  
awfully
- ② Legally Blind - needs accommodations, & please <sup>on exam</sup> get a
- ③ Glc support inc. CDR - due Latanoprost OZL phs. fly to Glaucon  
pls provide MRI from 2016 (it says had it done)  
if not, pls get MRI from orbits w/ oto contrast before

CONSULTANT SIGNATURE: *[Signature]*

IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATE: 5/17/17

next app  
CME  
~2 months

\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE  
INMATE'S NYSDOCS PHYSICIAN.

12A0608

**NORTHEAST EYE CENTER**  
**713 Troy-Schenectady Rd, STE 218**

Latham, NY 12110

Natalie Lopasic, MD

(518)-690-7020 phone

Victoria Epstein, DO

Jeffrey Zonderman, MD

(518)-690-7022 fax

Alice Bade, OD

May 16, 2017

VIA FAX  
(845) 434-2462

**ADDENDUM TO THE 06/12/2017 NOTE**

Ref: Jerry Remratta

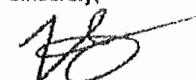
Date of Birth: 06/27/72

To whom it may concern:

Regarding Addendum A/P#2:

Until further testing is done, should continue current accommodations only.

Sincerely,



Victoria Epstein, D.O.

3/13/17 10:18:09  
HSC4781NYS DEPARTMENT OF CORRECTIONAL SERVICES  
HEALTH SERVICES SYSTEM  
REQUEST AND REPORT OF CONSULTATION

PAGE 1

NAME: RAMRATTAN, JERRY

DIN: 12A0608 DOB: 06/27/1972

CURRENT FAC: SULLIVAN

REFERRING FAC : SULLIVAN

REFERRAL NUMBER: 16546627.01M

REFERRAL DATE : 12/28/16 08:02P TELEMED: N&lt;NN&gt;

REFERRAL TYPE : FOLLOW-UP

TYPE OF SERVICE: GLAUCOMA

REFERRAL STATUS: SCHEDULED

URGENCY OF CARE: ASSIGNED

INTERPRETER:

MEDICAL HOLD: NO TYPE: REASON CODE:

EXP. DATE:

TRANSPORTATION : N WHEELCHAIR N NURSE N

AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG

SEVERE VISUAL IMPAIRMENT

REFERRED BY: JANICE WOLF, MD, FHSD

APPOINTMENT: 03/16/17 09:30A

REVIEWED BY: JANICE WOLF, MD, FHSD

POS: COXSACKIE RMU

PROV: GANDHAM, SAI-OPH

## REASON FOR CONSULTATION:

USER: 12/28/16 08:02P C690JLW

( PT WITH GLA IS ON LATANAPROST. LAST SAW GLA 12-27-16. IOPS RT 14, LT 15. REQ F )

( /U IN 2-3 MONTHS. )

( )

( )

( )

=====  
ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

## CONSULTANT REPORT:

S: Male w/ hx "Trauma" w/ optic neuropathy. VA stable. Has appt w/ neuro-oph in future

✓ CF

④APD SD

IOP < 13 (14)  
TP 14 (15)(Artanaprost)  
Q/H (M)O: Slx. c/s w/o oan  
: Kicker  
: AC Dsq  
: PRDFE < 0.8  
0.8 mlv/MIPA: AIP: ① Optic Neuropathy on:

- Pt has cupping but VA loss more severe than on appearance
- IOP well controlled
- OX photos taken today
- Pt w/ neuro-oph as scheduled.

P:

- Pt is legally blind, needs mobility aid + accom for visually impaired. - being plane GM

CONSULTANT SIGNATURE: S. GANDHAMDATE: 3/16/17IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY /

ME/BO/OPHTHALMOLOGY

\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE OPHTHALMOLOGY  
INMATE'S NYSDOCS PHYSICIAN.4-4-17 NOP was denied 3-2016 - I spoke w/ Dr. Gandham today  
- he strongly recommends NOP for functional blindnessMJF

5/10/17 8:50:02  
HSC4781NYS DEPARTMENT OF CORRECTIONAL SERVICES  
HEALTH SERVICES SYSTEM  
REQUEST AND REPORT OF CONSULTATION

PAGE 1

NAME: RAMRATTAN, JERRY

DIN: 12A0608 DOB: 06/27/1972

CURRENT FAC: SULLIVAN

REFERRING FAC : SULLIVAN

REFERRAL NUMBER: 17140236.01M

REFERRAL DATE : 04/04/17 12:56P TELEMED: N&lt;N&gt;

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: NEURO-OPTHALMOLOGY

REFERRAL STATUS: SCHEDULED

URGENCY OF CARE: ROUTINE

INTERPRETER:

MEDICAL HOLD: NO TYPE: REASON CODE:

EXP. DATE:

TRANSPORTATION : N WHEELCHAIR N NURSE N

AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG

SEVERE VISUAL IMPAIRMENT

REFERRED BY: JANICE WOLF, MD, FHSD

APPOINTMENT: 05/12/17 09:30A

REVIEWED BY: JANICE WOLF, MD, FHSD

POS: COXSACKIE RMU

PROV: EPSTEIN, VICTORIA-NOP

## REASON FOR CONSULTATION:

USER: 04/05/17 03:48P C690JLW

( PT SEEN BY GLA 12-27-16 AND 3-2017. GLA WELL CONTROLLED W/LATANPROST AND GLA )  
 ( MAY BE CAUSING THE INCR CUP. ON BOTH EXAM GLA STATES VA LOSS MORE SEVERE TH )  
 ( AN ON APPEARANCE. WITH RECENT ADDITIONAL INFORMATION, GLA REQ NOP EXAM TO EV )  
 ( AL FOR FUNCTIONAL BLINDNESS.  
 ( TO INCLUDE LAST GLA EVAL AND PHOTOS.

=====  
ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

CONSULTANT REPORT: Poor vision OD, Vision loss OS. - after 9/2014

S:

ODVA 20/400 phMT P<4-3  
 LP P<4-4  
 +APP O) TFP 18  
 TFP 13  
 EGM. Full ex  
 Concussion/loss of cont.  
 Latanoprost  
 9hs

O: SLEI WNL  
 ODE: ~0.6  
 ~0.65/0.7 AL/VM LP:WNL Ishihara couldn't see anything

- A: ① Optic Neuropathy - likely Thiamine OS>OD, giving tx  
 ← awaiting MRT result. Ophc nerves mostly unremarkable
- ② Legally blind - needs accommodations, & glasses & fmnt
- ③ GIC suspect. INC. CDR - due Latanoprost AL phs. fly & glaucon  
 Pls provide MRT from 2016 (It says had it done)  
 if not, Pls get MRT from orbits w/o contact before

CONSULTANT SIGNATURE: JW

DATE: 5/12/17

next app/

IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY / /

EMC

\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE  
INMATE'S NYSDOCS PHYSICIAN.

~2 monthly

REVIEWED BY: (INITIALS) JW DATE 5/15/17 NO ACTION IS REQUIRED AT THIS TIME REPORT TO SICK CALL ON THE NEXT AVAILABLE DAY FOLLOW UP WILL BE ARRANGED WITH A PRIMARY PROVIDER FOLLOW UP WILL BE ARRANGED WITH A SPECIALIST NOP, MRT, etc

11/09/17 12:40:41  
HSC4781NYS DEPARTMENT OF CORRECTIONAL SERVICES  
HEALTH SERVICES SYSTEM  
REQUEST AND REPORT OF CONSULTATION

PAGE 1

NAME: RAMRATTAN, JERRY

DIN: 12A0608 DOB: 06/27/1972  
CURRENT FAC: CLINTON APPU

REFERRING FAC : CLINTON APPU

REFERRAL NUMBER: 17474454.01M

REFERRAL DATE : 11/08/17 03:13P TELEMED: N&lt;N&gt;

REFERRAL TYPE : FOLLOW-UP

TYPE OF SERVICE: NEURO-OPTHALMOLOGY

REFERRAL STATUS: SCHEDULED

URGENCY OF CARE: URGENT

INTERPRETER:

MEDICAL HOLD: YES TYPE: 3 REASON CODE: 01 EXP.DATE: 2018-01-31

TRANSPORTATION : N WHEELCHAIR N NURSE N AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG LEGAL BLINDNESS

REFERRED BY: VONDA JOHNSON, MD

APPOINTMENT: 11/10/17 10:30A

REVIEWED BY: VONDA JOHNSON, MD

POS: COXSACKIE RMU

PROV: EPSTEIN, VICTORIA-NOP

## REASON FOR CONSULTATION:

USER: 11/08/17 03:13P C020VLJ

( PT HAS BEEN EVALUATED BY NOP FOR SUBJECTIVE VISION LOSS OU S/P TRAUMA IN 2014. HIS MRI BRAIN/ORBITS, OCT ON AND MAC WERE ALL NORMAL. VFT W/ LOSSES BUT ? D/T POOR RELIABILITY. ? PHYSIOLOGIC VISION LOSS. HE IS REQ REASONABLE ACCOMM. FOR VISUAL IMPAIR. REQ NOP OPINION FOR WHAT SPECIFICALLY IS NEEDED )

=====  
ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

CONSULTANT REPORT: No changes in left eye, but Right eye getting worse.

S: VA-CFO 21 says drops are helping ( latansprost ocl qhs)  
 SC-LP PR-4-2 TP-14  
 SC-LP PR-4-2 TP-18  
 QAPD

O: SLE: wnl  
 VDFE: 0.7 CDR 04

A: ① Subjective Loss of vision OU s/p Trauma 2014

A: Recently seen here- exam unchanged  
 Imaging testing all normal ab out of proportion to complaint.  
 suspect Functional Vision loss OU  
 However based on Snellen acuity pt is "Legally Blind"

P: Advise evaluation to low vision specialist (Dr. Casey see ) to  
 may cont with previous services (pt sp asking for cane) for now

CONSULTANT SIGNATURE: fb  
 IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY / /

DATE: 11/16/17

determine  
 which  
 accomod.  
 are needed

\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE  
 INMATE'S NYSDOCS PHYSICIAN.

NOP PRN

cont to flap &amp; glaucone as scheduled

11/17/17  
PRN

11/13/17 12:35:26  
HSC4781NYS DEPARTMENT OF CORRECTIONAL SERVICES  
HEALTH SERVICES SYSTEM  
REQUEST AND REPORT OF CONSULTATION

PAGE 1

NAME: RAMRATTAN, JERRY

DIN: 12A0608 DOB: 06/27/1972  
CURRENT FAC: CLINTON APPU  
REFERRAL NUMBER: 17253818.01M  
REFERRAL TYPE: FOLLOW-UP  
REFERRAL STATUS: SCHEDULED  
INTERPRETER:REFERRING FAC : SULLIVAN  
REFERRAL DATE : 06/15/17 03:35P TELEMED: N<ND>  
TYPE OF SERVICE: GLAUCOMA  
URGENCY OF CARE: ASSIGNEDMEDICAL HOLD: YES TYPE: 3 REASON CODE: 01 EXP.DATE: 2018-01-31  
TRANSPORTATION : N WHEELCHAIR N NURSE N AMBULANCE N LITTER N HCA  
SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG LEGAL BLINDNESS  
REFERRED BY: JANICE WOLF, MD, FHSD APPOINTMENT: 12/21/17 09:30A  
REVIEWED BY: JANICE WOLF, MD, FHSD POS: COXSACKIE RMU  
PROV: GANDHAM, SAI-OHP

## REASON FOR CONSULTATION:

USER: 06/15/17 03:35P C690JLW

- ( GLA OU-LAST SAW GLA 6-15-17, IT IS UNDER CONTROL WITH LATANAPROST. IOP: R/L 1 )  
 ( 5.REQ F/U IN 6 MON )  
 ( )  
 ( )  
 ( )

ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

## CONSULTANT REPORT:

S: 6 mo glaucoma f/u - Compliant w/ gttS  
 saw Neuroophth for followup last month - no changes  
 States vision stable

PoHx  
 optic neuropathy  
 OU (2/2 trauma)  
 2014

NVse / 20/400- P / 4-3 T / 14 (squeezing)  
 \ LP \ 4-3 \ 17 + moving  
 ØAPD

O:

SLE limited 2/2  
 pt cooperation/squeezing

Testing  
 OCT RNFL 6/2017  
 Ø Thinning OV  
 Octopus 2/2016

L/L WNL  
 C/C W+Q }  
 A: K clear }  
 I: F+R }  
 AC D+Q }  
 L: mild NS }

DFE 10:30 / 0.6 concentric A/V/m/P  
 / 0.6 concentric WNL

① Optic Neuropathy / Subjective visual loss. Suspect functional - testing normal to date  
 - No APD, no thinning RNFL, no nerve pallor. OCT mac WNL, mac dense

- f/u neuroophth  
 PRN changes

P: - mild cupping - following w/ OCT RNFL mostly  
 - unclear how much glaucoma contributing  
 - can't Latanoprost - 10P acceptable (tonopen-squeezing)  
 - f/u 6mo glaucoma w/ HVF 24-2  
 - needs low vision eval and legally blind services - based on shellen  
 visual acuity + further  
 recs/accomod.

CONSULTANT SIGNATURE: AMF / GandhamDATE: 12/21/17 per low vision  
 IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY / / / / / 6M w/ HVF 24-2 Reg\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE  
 INMATE'S NYSDOCS PHYSICIAN.

12/21/17  
 AM

FORM 3105B (11/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	DIN	Date of Birth	Facility Name
Ramrattan, Jerry	12A 0608	6/27/72	Eastern NYCF
Subjective:	Last Name <u>Ramrattan, J.</u> DIN <u>12A 0608</u> Location <u>SP 16-27</u> Date <u>1/21/20</u> Time <u>8:00A</u>		
<p>NSC requests for Svc low vision Specialists, per inmate reasonable accommodations</p> <p>Objective: Was taken away 1/16/20 C/o pain @ shoulder &amp; neck. Chronic Ambulating S. escort Has MD apt. in place</p> <p>Assessment: RTSC PRN</p> <p>Plan:</p>			
Signature/Provider # <u>D. Derman 410</u> RN Transcribing Order/Provider #/Date/Time _____ <p>Subjective: Acc See orthopedic interim visit Requests to be put back on SDU since he does not have accommoda-</p> <p>Objective: tion for his legal blindness issues he's not able to come for medication at the windows, he's not able to go to marshalls, not able to exercise. States he's not happy because his accommodations are taken away. This is why his BP Assessment: is elevated today &amp; recently. Hyperension - increased his insipile to 30 mg daily. Plan: Will re-asses BP during next Acc visit. H/C consult, education provided. Follow in clinic as needed.</p>			
Signature/Provider # <u>KP 137</u> RN Transcribing Order/Provider #/Date/Time _____ 			

 COPY

Continue entry into next box if necessary.

FORM 3105B (11/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	DIN	Date of Birth	Facility Name
Ramrattan, Jerry	12A0608	6/27/22	Eastern WCF

Subjective:

Last Name Ramrattan, Jerry

# Sick Call

Objective: ① Legal Blind since  
6/27/2017DIN 12A0608 Location \_\_\_\_\_Date 2/6/2020 Time \_\_\_\_\_

Provider Orders:

Patient c/o lack of mobility  
I need an escort.

② Eye totally blind, RT 6" vision w/no peripheral vision.

pt state not eating too much can't go mess hall - told  
him he can sleep & should.

Assessment: 155/97 RR 16 Atox3

T98' P76 O2SAT 97%, RA - gait normal.

Plan: took Am Blk med "a little while ago". OK &amp; H/A &amp; dryness.

SDU - (D. Hoyte 4300 ext) Need Eval today:

DX: High risk for fall. FNP - Dumas. Ims Andola

Signature/Provider # \_\_\_\_\_ RN Transcribing Order/Provider #/Date/Time \_\_\_\_\_

Subjective:

Records

Last Name Ramrattan, J.

Extensively

DIN 12A0608 Location \_\_\_\_\_

Objective: Reviewed by

Date 2/6/2020 Time \_\_\_\_\_

myself &amp; NP Dumas. According

Provider Orders:

to many specialty consults regarding

Assessment: pt's claim of legal blindness, his  
claims could not be medically substantiated.Plan: He is suspected of malingering both  
claims of vision & hearing loss. No  
special accommodations are being

Signature/Provider # \_\_\_\_\_ RN Transcribing Order/Provider #/Date/Time \_\_\_\_\_

Continue entry into next box if necessary.

Granted based on these facts. / Attn: Dr. Andola 1/15/22

COPY



FORM 3105A (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Ramrattan, Jerry	DIN	12A0608	Date of Birth	6-27-72	Facility Name	Onycf
------	------------------	-----	---------	---------------	---------	---------------	-------

Subjective:

**Sick Call**Last Name Ramrattan, JerryDIN 12A0608 Location \_\_\_\_\_

Objective:

Inm requesting permit  
renewal for tinted eyeglassesDate 2/13/20 Time \_\_\_\_\_

Assessment:

Reports pain, swelling, tearing  
dizziness and headache when not using the tinted glasses

Provider Orders: \_\_\_\_\_

Plan:

Inm reports being on medication for vertigo, reports  
taking medicine. chart to provider for permit  
review/approval of permitSignature/Provider # TJL

RN Transcribing Order/Provider #/Date/Time \_\_\_\_\_

NMSdx

alt in comfort

Subjective:

2/13/20 No medical need  
for tinted glasses

Last Name \_\_\_\_\_

DIN \_\_\_\_\_ Location \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Objective:

Provider Orders: \_\_\_\_\_

Assessment:

Plan:

Signature/Provider # \_\_\_\_\_ RN Transcribing Order/Provider #/Date/Time \_\_\_\_\_

Subjective:

Last Name \_\_\_\_\_

DIN \_\_\_\_\_ Location \_\_\_\_\_

Objective:

Date \_\_\_\_\_ Time \_\_\_\_\_

Provider Orders: \_\_\_\_\_

Assessment:

Plan:

Signature/Provider # \_\_\_\_\_ RN Transcribing Order/Provider #/Date/Time \_\_\_\_\_

Continue entry into next box if necessary.



COPY

# Ophthalmic Imaging Systems

WinStation 11

JERRY RAMATTAN

3/16/2017

Code: 12A0608

Photographer:

Physician: GANDHAM

Ref. Physician: UNKNOWN

Procedure:

Eye:

Diagnosis:

Allergies:

Comments:



Low Tm GLS (ay)  
dOPTIC RETINOPATHY

0.8 (ay) ss 3/16/17

## Ophthalmic Imaging Systems - WinStation 11

221 Lathrop Way, Suite I  
Sacramento, California 95815

Phone: (916) 646-2020  
FAX: (916) 646-0207

4/7/21  
3/23/21 12:42:31  
HSC4781NYS DEPARTMENT OF CORRECTIONAL SERVICES  
HEALTH SERVICES SYSTEM  
REQUEST AND REPORT OF CONSULTATION

PAGE 1

Ref ✓

NAME: RAMRATTAN, JERRY

DIN: 12A0608 DOB: 06/27/1972  
CURRENT FAC: EASTERN GENGLA ✓  
8/10/18

REFERRING FAC : EASTERN GEN

REFERRAL NUMBER: 20271803.01M

REFERRAL DATE : 09/29/20 05:38P TELEMED: N&lt;N&gt;

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: GLAUCOMA

REFERRAL STATUS: SCHEDULED

URGENCY OF CARE: ROUTINE

INTERPRETER:

MEDICAL HOLD: YES TYPE: 1 REASON CODE: 99 EXP.DATE: 2021-04-13  
TRANSPORTATION : N WHEELCHAIR N NURSE N AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG

REFERRED BY: MIKHAIL GUSMAN, MD

APPOINTMENT: 04/15/21 09:30A

REVIEWED BY: MIKHAIL GUSMAN, MD

POS: COXSACKIE RMU

PROV: GANDHAM, SAI-OPH

REASON FOR CONSULTATION:

USER: 09/29/20 05:40P C100MAG

( GLAUCOMA, RECEIVES LATANOPROST. NEEDS EVALUATION OF GLAUCOMA SERVICE. )

( MUST HAVE FRESH OCT AND VF TEST )

( )

( )

( )

=====  
ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

CONSULTANT REPORT:

S:

V< CF 2fr      70< 13      SQUEEZING  
cf 1fr      14

GL susp

HMR today  
Adv VP (by)

O:

SCE      WNL (a)ext NLR      WNL (a)0<  
0.6  
0.6

A:

Glauco      stetho  
OPCNE NLR reported

Ext LA/latanoprost Q 8s (a)

pr = legally blind

VF, OCT done today

P:

CONSULTANT SIGNATURE:

Gandham

DATE: 4/15/21

IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY / / - 6 M.

4/15/21

\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE  
INMATE'S NYSDOCS PHYSICIAN.

=====



FORM 3288 (9/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Eastern

Correctional Facility

## EYE RECORD

DATE

9.29.2020

Name	Ramrattan Jerry	DIN	1240608	DOB	6-27-1972	Age	
<b>HISTORY</b>	Chief Complaint	— Dm					
	Meds	20/70 GLA +xalatan					
	Prior Rx	of FC OS NLP					
	Ocular History: Prior Injury/Surgeries	Objective					
Acuity OD 20   — FC OS 2   — NLP	CC / SC	OD	CC acuity 20				
	Subjective	OS	OD	OS	Not —		
<b>TESTS &amp; FINDINGS</b>	External WNL	OD / OS	Internal: Via mydriatic method WNL				
	Cornea	Peeper					
	OD	Irish	OD	C/D Ratio			
	OS	Conj.	OS	A/V Ratio			
	Lids	open A12	Macula	65 / 65 / 2 / R			
	Pupils	but 44	Vitreous	65 / 65 / 2 / R			
	Puncta	44	Periphery	No my			
Additional Tests & Findings	IOP	OD 17	Time	Method			
	(A)	OS 17					
		855					
<b>ASSESSMENT:</b>	New Rx	Sph.	Cyl.	Axis	Prism	Add	
① No depth perception	OD						
PLAN: Circle Rx Glasses	OS	P/A	9/20/21				
Referral to	Size	Frame					
Follow-up (date)	Seg. ht.	Mat.					
Other		P.D.					
DISABILITY IMPAIRMENTS:	<input type="checkbox"/> Legal Blindness <input type="checkbox"/> Severe Visual Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Large Print <input type="checkbox"/> Magnifier <input type="checkbox"/> Tinted UV Glasses % _____ Color _____ <input type="checkbox"/> Other _____						
② Contact this after this	- A) Visual acuity of 20/200 or less in the better eye with best correction, or - B) Visual field of no greater than 20° in the better eye.  - A) Visual acuity of 20/70 or less in the better eye with best correction, or - B) Visual field of no greater than 40° in the better eye.  - Recommend the following accommodations: <input type="checkbox"/> Guidance Cane <input type="checkbox"/> Mobility Assistant <input type="checkbox"/> Braille Materials <input type="checkbox"/> High Intensity Lamp <input type="checkbox"/> Books on Tape <input type="checkbox"/> Preferred Seating ③ P/A c/p VS when AVAILBLE						

COPY

5/10/17 8:50:02 NYS DEPARTMENT OF CORRECTIONAL SERVICES PAGE 1  
HSC4781 HEALTH SERVICES SYSTEM

## REQUEST AND REPORT OF CONSULTATION

NAME: RAMRATTAN, JERRY DIN: 12A0608 DOB: 06/27/1972  
REFERRING FAC: SULLIVAN CURRENT FAC: SULLIVAN  
REFERRAL DATE: 04/04/17 12:56P TELEMED: N<N> REFERRAL NUMBER: 17140236.01M  
TYPE OF SERVICE: NEURO-OPTHALMOLOGY REFERRAL TYPE: INITIAL  
URGENCY OF CARE: ROUTINE REFERRAL STATUS: SCHEDULED  
INTERPRETER:

MEDICAL HOLD: NO TYPE: REASON CODE: EXP. DATE:  
TRANSPORTATION: N WHEELCHAIR N NURSE N AMBULANCE N LITTER N HCA  
SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG SEVERE VISUAL IMPAIRMENT  
REFERRED BY: JANICE WOLF, MD, FHSD APPOINTMENT: 05/12/17 09:30A  
REVIEWED BY: JANICE WOLF, MD, FHSD POS: COXSACKIE RMU  
PROV: EPSTEIN, VICTORIA-NOP

REASON FOR CONSULTATION: USER: 04/05/17 08:48P C690JLW  
( PT SEEN BY GLA 12-27-16 AND 3-2017. GLA WELL CONTROLLED W/LATANPROST AND GLA )  
( MAY BE CAUSING THE INCR CUP. ON BOTH EXAM GLA STATES VA LOSS MORE SEVERE TH )  
( AN ON APPEARANCE WITH RECENT ADDITIONAL INFORMATION, GLA REQ NOP EXAM TO EV )  
( AL FOR FUNCTIONAL BLINDNESS.  
( TO INCLUDE LAST GLA EVAL AND PHOTOS. )

ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

CONSULTANT REPORT: Poor vision OD, Vision loss OS - after 9/2014

S:

BUVA CF 20/400 phNT p<4-3  
LP p<4-4 concussion/assault  
+APP O). TTP 18  
TTP 13

O: SLEI UNI

DFE - 0.6

- 0.65 / 0.7

A/U/I/P!UNI

EOM. full ex.

Ish! can't see  
anything

Latanoprost  
9hs

- A: ① Optic Neuropathy - likely Thrombotic OS>OD  
    ( covering MRI Result ) . Optic nerves mostly intraorbital  
    ② Legally Blind - needs accommodations, & glasses & font  
    ③ Glaucoma - inc. CDR - due Latanoprost OD phs. fly & Glaucom  
    pls provide MRI from 2016 ( it says head & neck )  
    if not, pls get MRI from orbit w/o contrast before

CONSULTANT SIGNATURE: JL

IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY / / /

DATE: 5/12/17 neat & legible  
CME

\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE  
INMATE'S NYSDOCS PHYSICIAN.

~2 months  
ergs

3/13/17 10:18:09  
HSC4781NYS DEPARTMENT OF CORRECTIONAL SERVICES  
HEALTH SERVICES SYSTEM  
REQUEST AND REPORT OF CONSULTATION

PAGE 1

NAME: RAMRATTAN, JERRY

DIN: 12A0608 DOB: 06/27/1972

CURRENT FAC: SULLIVAN

REFERRING FAC : SULLIVAN

REFERRAL NUMBER: 16546627.01M

REFERRAL DATE : 12/28/16 08:02P TELEMED: N&lt;N&gt;

REFERRAL TYPE : FOLLOW-UP

TYPE OF SERVICE: GLAUCOMA

REFERRAL STATUS: SCHEDULED

URGENCY OF CARE: ASSIGNED

INTERPRETER:

MEDICAL HOLD: NO TYPE: REASON CODE:

EXP. DATE:

TRANSPORTATION : N WHEELCHAIR N NURSE N

AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG

SEVERE VISUAL IMPAIRMENT

REFERRED BY: JANICE WOLF, MD, FHSD

APPOINTMENT: 03/16/17 09:30A

REVIEWED BY: JANICE WOLF, MD, FHSD

POS: COXSACKIE RMU

PROV: GANDHAM, SAI-OPH

## REASON FOR CONSULTATION:

USER: 12/28/16 08:02P C690JLW

( PT WITH GLA IS ON LATANAPROST. LAST SAW GLA 12-27-16. IOPS RT 14, LT 15. REQ F )  
( /U IN 2-3 MONTHS. )

( )

( )

( )

=====  
ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

## CONSULTANT REPORT:

S: Male w/ hx "Trauma" w/ optic neuropathy. VA stable. Has  
appnt w/ neuro-oph in future

✓ CF

⊕APD SD

IOP < 13 (14)  
TP 1.4 (15)(ABnormal)  
Q/H (M)O: SLE c/s w/ glaucom  
- Nuclear  
- AC DifQ  
- P/RDFE < 0.8  
of r/rv/l/rp

A: AIR: ① Optic Neuropathy w/:

- Pt has cupping but VA loss more severe than ON appearance
- IOP well controlled
- ON photos taken today
- Plu w/ neuro-oph as scheduled.

P:

- Pt is legally blind, needs mobility aid + accom for visually impaired. - being blind

CONSULTANT SIGNATURE: S. Sandham DATE: 3/16/17  
IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY / / / MEN (b) DPM/HAM/MS\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE Physician  
INMATE'S NYSDocs PHYSICIAN.4-4-17 NOP was denied 2-2016 - I spoke w/ Dr. Gandom today  
- he strongly recommends NOP for functional blindnessMD

Patient: RAMRATTAN, JERRY

Date of Birth: Jun 27, 1972

Gender: Male

Patient ID: 12A0608



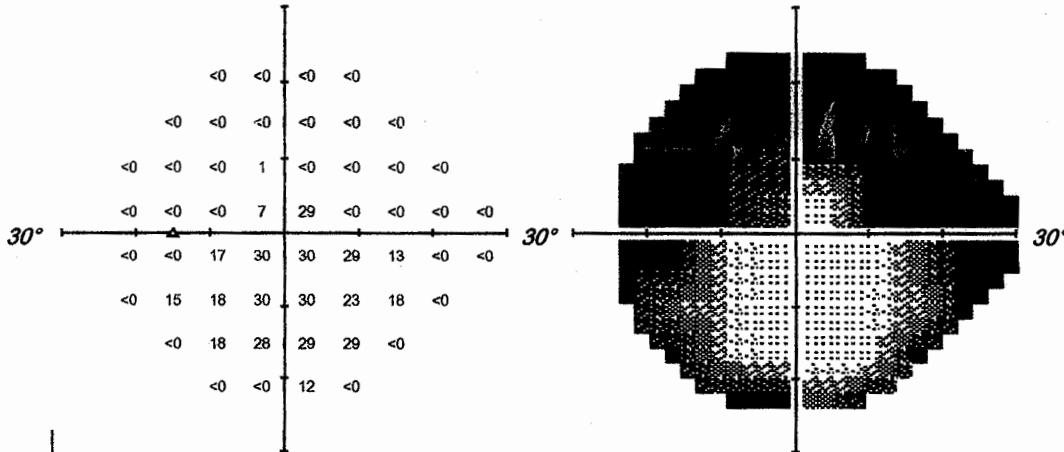
Coxeckle C.F.F

**OS Single Field Analysis****Central 24-2 Threshold Test**

Fixation Monitor: Gaze/Blind Spot  
 Fixation Target: Central  
 Fixation Losses: 0/13  
 False POS Errors: 0%  
 False NEG Errors: 23%  
 Test Duration: 06:34  
 Fovea: Off

Stimulus: III, White  
 Background: 31.5 asb  
 Strategy: SITA-Fast  
 Pupil Diameter: 5.9 mm \*  
 Visual Acuity: Rx: +2.00 DS

Date: Apr 15, 2021  
 Time: 11:09 AM  
 Age: 48



-29	-30	30	-30
-31	-31	-32	32
-32	-32	-33	-30
-32	-34	-26	4
-33	-16	-3	-3
-33	-17	-14	-3
-33	-13	-3	-3
-32	-32	-18	-32

Total Deviation

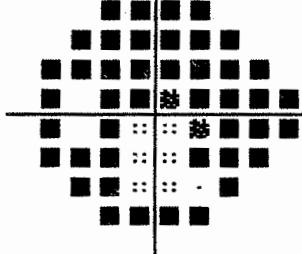
MD Threshold exceeded.  
See Total Deviation plot.

GHT: Outside Normal Limits

Pattern Deviation

VFI: 37%

MD:  
PSD: -23.18 dB P < 0.5%  
12.85 dB P < 0.5%



MD Threshold exceeded.  
See Total Deviation plot.

- :: P < 5%
- ✖ P < 2%
- ✖ P < 1%
- P < 0.5%

SS 4/15/21

## Comments



COPY

Patient: RAMRATTAN, JERRY

Date of Birth: Jun 27, 1972

Gender: Male

Patient ID: 12A0608



Coxsackie C.F.F.

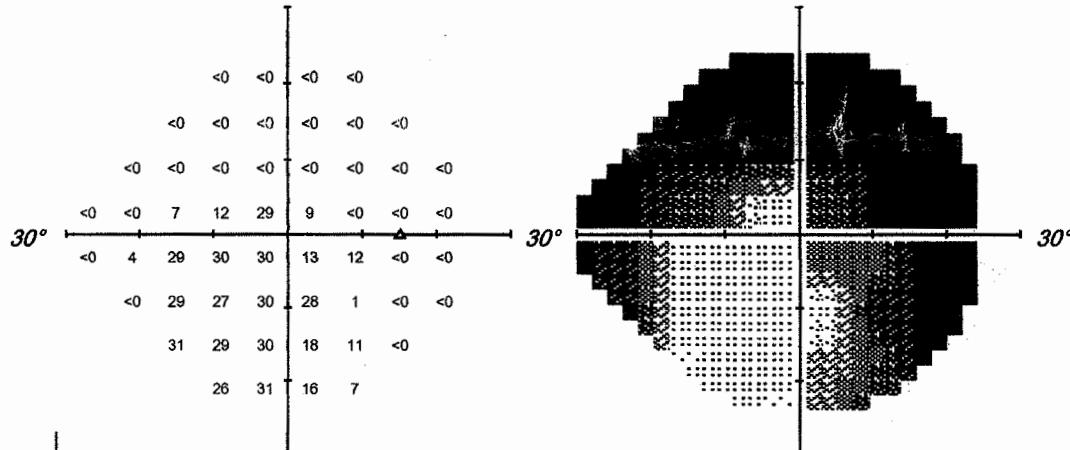
## OD Single Field Analysis

## Central 24-2 Threshold Test

Fixation Monitor: Gaze/Blind Spot  
 Fixation Target: Central  
 Fixation Losses: 4/13 XX  
 False POS Errors: 0%  
 False NEG Errors: 16%  
 Test Duration: 06:08  
 Fovea: Off

Stimulus: III, White  
 Background: 31.5 asb  
 Strategy: SITA-Fast  
 Pupil Diameter: 5.4 mm \*  
 Visual Acuity:  
 Rx: +2.00 DS

Date: Apr 15, 2021  
 Time: 11:02 AM  
 Age: 48



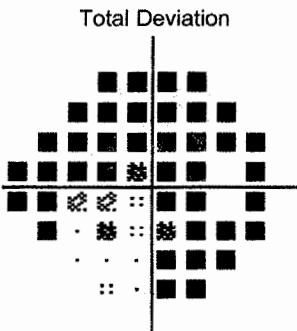
-30	-30	-30	-29				
-32	-32	-32	-32	-31	-31		
-32	-33	-34	-34	-33	-32	-32	
-30	-32	-25	-21	-4	-24	-34	-32
-30	-26	-3	-3	-3	-20	-21	-33
-32	-2	-5	-3	-6	-31	-33	-33
0	-2	-2	-14	-20	-33		
-4	0	-14	-24				

MD Threshold exceeded.  
See Total Deviation plot.

GHT: Outside Normal Limits

VFI: 38%

MD: -20.81 dB P < 0.5%  
PSD: 13.45 dB P < 0.5%



MD Threshold exceeded.  
See Total Deviation plot.

\*\*\* Low Test Reliability \*\*\*

:: P < 5%  
✖ P < 2%  
✖ P < 1%  
█ P < 0.5%



## Comments



COPY

Name: RAMRATTAN, JERRY

OD

OS



ID: 12A0608

Exam Date: 4/15/2021 4/15/2021 CZMI

DOB: 6/27/1972

Exam Time: 10:24 AM 10:24 AM

Gender: Male

Serial Number: 500-33336 500-33336

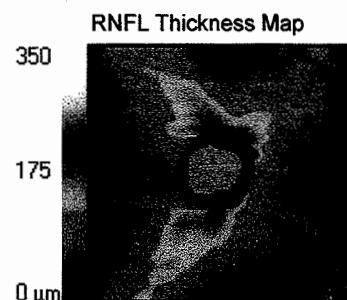
Technician: Operator, Cirrus

Signal Strength: 8/10 8/10

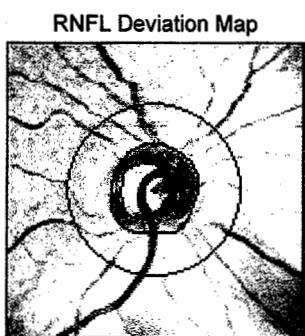
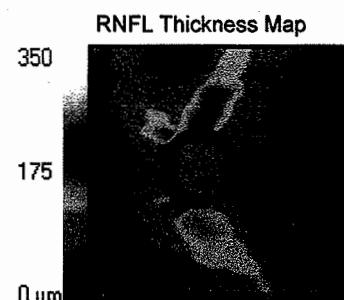
**ONH and RNFL OU Analysis: Optic Disc Cube 200x200**

OD

OS



FI	OD	OS
Average RNFL Thickness		
RNFL Symmetry		
Rim Area	1.42 mm <sup>2</sup>	1.24 mm <sup>2</sup>
Disc Area	2.57 mm <sup>2</sup>	2.57 mm <sup>2</sup>
Average C/D Ratio	0.58	0.72
Vertical C/D Ratio	0.63	0.65
Cup Volume	0.508 mm <sup>3</sup>	0.669 mm <sup>3</sup>



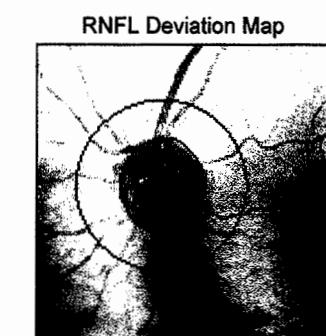
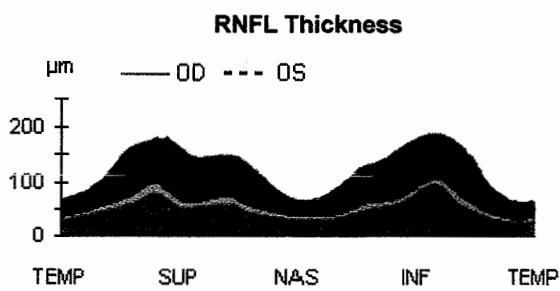
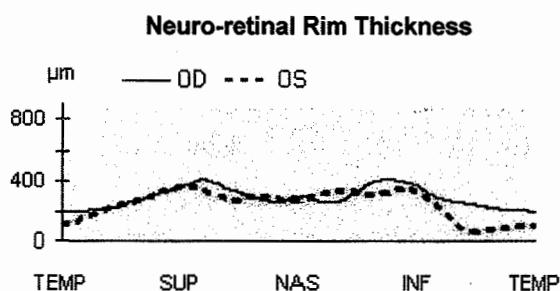
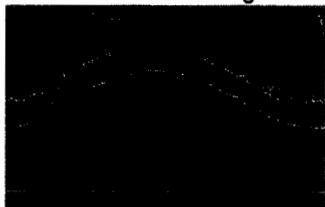
Disc Center(-0.06,0.06)mm  
Extracted Horizontal Tomogram



Extracted Vertical Tomogram



RNFL Circular Tomogram



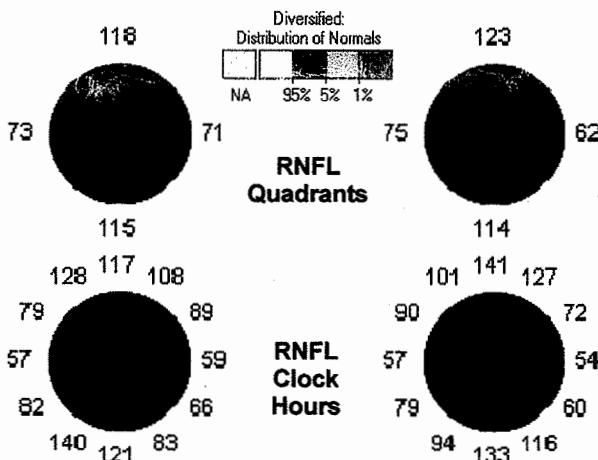
Disc Center(-0.48,0.18)mm  
Extracted Horizontal Tomogram



Extracted Vertical Tomogram



RNFL Circular Tomogram



Comments

gl susp  
JMR 4/15/21

Doctor's Signature

SS 4/15/21

COPY



11/09/17 12:40:41  
HSC4781NYS DEPARTMENT OF CORRECTIONAL SERVICES  
HEALTH SERVICES SYSTEM  
REQUEST AND REPORT OF CONSULTATION

PAGE 1

NAME: RAMRATTAN, JERRY

DIN: 12A0608 DOB: 06/27/1972  
CURRENT FAC: CLINTON APPU

REFERRING FAC : CLINTON APPU

REFERRAL NUMBER: 17474454.01M

REFERRAL DATE : 11/08/17 03:13P TELEMED: N&lt;N&gt; REFERRAL TYPE : FOLLOW-UP

TYPE OF SERVICE: NEURO-OPTHALMOLOGY

REFERRAL STATUS: SCHEDULED

URGENCY OF CARE: URGENT  
INTERPRETER:

MEDICAL HOLD: YES TYPE: 3 REASON CODE: 01 EXP. DATE: 2018-01-31  
 TRANSPORTATION : N WHEELCHAIR N NURSE N AMBULANCE N LITTER N HCA  
 SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG LEGAL BLINDNESS  
 REFERRED BY: VONDA JOHNSON, MD APPOINTMENT: 11/10/17 10:30A  
 REVIEWED BY: VONDA JOHNSON, MD POS: COXSACKIE RMU  
 PROV: EPSTEIN, VICTORIA-NOP

## REASON FOR CONSULTATION:

USER: 11/08/17 03:13P C020VLJ

( PT HAS BEEN EVALUATED BY NOP FOR SUBJECTIVE VISION LOSS OU S/P TRAUMA IN 2014. HIS MRI BRAIN/ORBITS, OCT ON AND MAC WERE ALL NORMAL. VFT W/ LOSSES BUT ? D/T POOR RELIABILITY. ? PHYSIOLOGIC VISION LOSS. HE IS REQ REASONABLE ACCOMM. FOR VISUAL IMPAIR. REQ NOP OPINION FOR WHAT SPECIFICALLY IS NEEDED )

=====  
ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

CONSULTANT REPORT: No changes in Left eye, but Right eye getting worse.

S:

VAF-CFO 2 says drops are helping ( latanoprost Oce qhs)  
 SC-LP P-4-2 TIP-14  
 (APP) P-4-2 TIP-18

O: SLE: wnl

JDFE: 0.7 CDR 04

(1) Subjective Loss of vision OU S/P Trauma 2014

A: Recently seen here exam unchanged

Imaging testing all normal ab out of proportion to complaints.

suspect Functional Vision loss OU

P: However based on Snellen acuity pt is "Legally Blind"

Advise evaluation to Low Vision specialist (Dr. Casey see 1) to

may cont with previous services (pt sp asking for cane) for now

determine which  
accommod.  
are needed

CONSULTANT SIGNATURE: JL

DATE: 11/16/17

IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY \_\_\_\_\_

\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE INMATE'S NYSDOCS PHYSICIAN.

NOP PRN

GOT TO FLIP IN GLUCOSE AS SCHEDULED

11/16/17  
PRN

6/13/17 9:28:58  
HSC4781NYS DEPARTMENT OF CORRECTIONAL SERVICES  
HEALTH SERVICES SYSTEM  
REQUEST AND REPORT OF CONSULTATION

PAGE 1

NAME: RAMRATTAN, JERRY

DIN: 12A0608 DOB: 06/27/1972

CURRENT FAC: SULLIVAN

REFERRING FAC : SULLIVAN

REFERRAL NUMBER: 17140293.01M

REFERRAL DATE : 04/04/17 01:06P TELEMED: N&lt;N&gt; REFERRAL TYPE : FOLLOW-UP

TYPE OF SERVICE: GLAUCOMA

REFERRAL STATUS: SCHEDULED

URGENCY OF CARE: ASSIGNED

INTERPRETER:

MEDICAL HOLD: YES TYPE: 2 REASON CODE: 02 EXP.DATE: 2017-06-17

TRANSPORTATION : N WHEELCHAIR N NURSE N AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG SEVERE VISUAL IMPAIRMENT

REFERRED BY: JANICE WOLF, MD, FHSD APPOINTMENT: 06/15/17 09:30A

REVIEWED BY: JANICE WOLF, MD, FHSD POS: COXSACKIE RMU

PROV: GANDHAM, SAI-OHP

REASON FOR CONSULTATION:

USER: 04/04/17 01:06P C690JLW

( PT WITH GLA, HE IS ON LATANAPROST LAST SAW GLA 3-16-17 . IOP: RT-13,LT-14.C )

( CONTROLLED WITH LATANAPROST. GLA REQ F/U IN 3 MONTHS )

( )

( )

( )

=====  
ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

CONSULTANT REPORT: 45yo male w/ hx of trauma and optic neuropathy OU

S: Pt follows w/ neuro-oph.

✓ CF  
LP

④ APP OP

IOP < 15 (13)  
TP (squeezes)Past ocular hx  
optic neuropathy  
onunDFE < 0.8  
0.8  
concentric↳ on  
latanoprost  
OU QDO:  
SLE:  
UL: WNL B/L  
C/S: wraou  
K: clearou  
AC D+Q OUA:  
I: f+Rou  
L: NS OUAP: ① Optic Neuropathy: seen by Neuro-oph - Approved  
for MRI. IOP wNL. VA loss more severe than cupping.  
ON photos taken 3/16/17 + DFE done then.  
→ Flu w/ Neuro-oph as scheduled and glaucoma in  
6 mo.CONSULTANT SIGNATURE: J. Gandham DATE: 6/15/17  
IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY / / / / /cont  
latanoprostOU  
QD\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE OUT  
INMATE'S NYSDOCS PHYSICIAN.REVIEWED BY: (INIT) J. 16/15 DATE NO ACTION IS REQUIRED AT THIS TIME REPORT TO SICK CALL ON THE NEXT AVAILABLE DAY FOLLOW UP WILL BE ARRANGED WITH A PRIMARY PROVIDER FOLLOW UP WILL BE ARRANGED WITH A SPECIALIST C-LA

===== INFORMATION FROM COMPLETED AND DISTRIBUTED

12/28/17 8:14:25  
HSC4781NYS DEPARTMENT OF CORRECTIONAL SERVICES  
HEALTH SERVICES SYSTEM  
REQUEST AND REPORT OF CONSULTATION

PAGE 1

NAME: RAMRATTAN, JERRY

DIN: 12A0608 DOB: 06/27/1972

CURRENT FAC: CLINTON APPU

REFERRING FAC : CLINTON APPU

REFERRAL NUMBER: 17503382.01M

REFERRAL DATE : 11/29/17 02:15P TELEMED: N&lt;N&gt;

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: LOW VISION SERVICE

REFERRAL STATUS: SCHEDULED

URGENCY OF CARE: ROUTINE

INTERPRETER:

MEDICAL HOLD: NO TYPE: REASON CODE:

EXP. DATE:

TRANSPORTATION : N WHEELCHAIR N NURSE N

AMBULANCE N LITTER N HCA

See

SENSORIAL IMPAIRMENT: HEARING LOSS/NON-SIG

LEGAL BLINDNESS

REFERRED BY: EPSTEIN, VICTORIA-NOP

APPOINTMENT: 01/03/18 10:45A

REVIEWED BY: VONDA JOHNSON, MD

POS: NORTHEASTERN ASSOC./BLIND

PROV: CASEY-GEE, MONICA-OPT

REASON FOR CONSULTATION:

USER: 11/30/17 01:17P C020SVD

- ( PT WITH SUBJECTIVE VISION LOSS OU S/P TRAUMA 2014. IMAGING TESTING ALL NL )  
 ( AND OUT OF PROPORTION WITH COMPLAINTS. SEEN IN F/U BY NOP WHO SUSPECTS )  
 ( FUNCTIONAL VISION LOSS OU HOWEVER STATES THAT BASED ON SNELLEN ACUITY PT IS )  
 ( LEGALLY BLIND AND RECOMMENDS EVAL WITH LOW VISION SPECIALIST TO )  
 ( DETERMINE WHAT REASONABLE ACCOMMODATIONS ARE NEEDED. )

=====  
ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

CONSULTANT REPORT:

S: LEG

DVA entry 3c 4/40  
NLP NVA>SM  
3c

NL - NT - VA

3x H10.00 Schaefer illuminator - M.

A:

① Optic Neuropathy

② can't flu w/ optik

③ Recom.

3x H10.00 Schaefer illuminator -  
for small print M.

④ Recommend NDIC U22 or U30

for glare control.

⑤ Recomm Reasonab Accom-fn Visin

DATE: 1/3/18 loss - rel. but

IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY / / - not limited to by print

\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE ~~text + speech~~  
INMATE'S NYSDOCS PHYSICIAN.

6/18

=====

DSP mask aware

Re: transfer to facility

that can provide P.A. for

visual impairment.

1/18

=====

FORM 3105B (11/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	DIN	Date of Birth	Facility Name
Ramrattan, Jerry	12A0608	6/27/72	100

Subjective: New indraft seen at ENYCF,

I/m states is legally blind, and  
needs to wear dark glasses at all  
times because the light bothers hisObjective: eyes. Also stating he needs  
his meclizine reordered because without he is a risk for  
falling. I/m had a GSW to right shoulder and he now  
has pain at times to shoulder and back. Also stating  
he had eye injuries after being gang jumped in 2014.Assessment: Stating he has reasonable accommodations to wear  
his glasses at all times. Wrote permit for folding guide  
stick and glasses until he can be seen by MD.Plan: Gave I/m his self carry medications as well  
as card to return to med window daily for cymbalta.  
Chart to MD for review. MD appointment into FHSFSignature/Provider # John Ramrattan RN Transcribing Order/Provider #/Date/Time 0452

Subjective:

Sgt. Sheehan came to medical  
questioning medical use of foldingObjective: cane states "We don't see him  
using it only carrying it unfolded"Last Name RamrattanDIN 12A0608 Location \_\_\_\_\_Date 9/29/19 Time 0900

Provider Orders:

Assessment:

Plan: I/M for appt w/ Dr. Gusman, to re-evaluate on 10/3/19  
Medical permit expires 10/3/19. Notified Sgt of same - PSCSignature/Provider # Bilger

RN Transcribing Order/Provider #/Date/Time

9/29/19 10-1822

Continue entry into next box if necessary.

FORM 3105B (11/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	DIN	Date of Birth	Facility Name
Ramattan, Jerry	12A0608	6/17/72	ENYCF
Subjective:	Last Name <u>Ramattan, J.</u> DIN <u>12A0608</u> Location _____ Date _____ Time _____		
9/30/19 - Denied refused appointment re-eval	Provider Orders: <i>Note d 9/30/19</i>		
Objective:			
Assessment:			
Plan:			
Signature/Provider # _____		RN Transcribing Order/Provider #/Date/Time _____	
Subjective:	Last Name <u>Ramattan, Jerry</u> DIN <u>12A0608</u> Location _____ Date <u>10-11-19</u> Time <u>330p</u>		
Objectives:	Provider Orders:		
Assessments:			
Plans:			
Signature/Provider # <u>Murphy</u>	RN Transcribing Order/Provider #/Date/Time _____ 447 Continue entry into next box if necessary.		

FORM 3105B (11/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name <u>Ramrattan, Jerry</u>	DIN <u>12A0608</u>	Date of Birth <u>6/27/72</u>	Facility Name <u>Eastern RICF</u>
Subjective: <u>Audiology Clinic</u>	Last Name <u>Ramrattan, J.</u>	DIN <u>12A0608</u>	Location _____
Objective: <u>Seen</u>  <u>See consult.</u>	Date <u>1/21/20</u>	Time _____	Provider Orders:
Assessment: <u>F/U feb.</u>			
Plan:			
Signature/Provider # _____		RN Transcribing Order/Provider #/Date/Time _____	
Subjective: <u>ESC</u>	Last Name <u>Ramrattan, J.</u>	DIN <u>12A0608</u>	Location _____
Sent by security to evaluate, security states per messhall "missed 3 meals". Questioned I/m if he's "on hunger strike" — I/m declined. States "I don't mind eat but I can't go to messhall, 02989. wt: 252 lbs (last weight 8/6/19 — 242 lbs) they took Re-check D/P :148/90			
Objective: <u>T97.4</u> <u>B1P159/110 P 96.</u>	Date <u>01/19/20</u>	Time <u>1:20pm</u>	Provider Orders:
Assessment: <u>my escort away, Requested medical feed-in. Also states went to visiting room yesterday without an escort. Advised has no</u>			
Plan: <u>medical indication for feed-in. I/m has no complaints, states "I drink plenty of H2O", is good spirits, denies any symptoms. Encouraged do try to go to messhall. I/m stated, "will try tonight". Advised if any issues to sign up for sick call.</u>			
Signature/Provider # <u>MHallman</u>		RN Transcribing Order/Provider #/Date/Time _____	

Continue entry into next box if necessary.



DRAFT

5/31/18 8:25:51  
HSC4781

NYS DEPARTMENT OF CORRECTIONAL SERVICES  
HEALTH SERVICES SYSTEM  
REQUEST AND REPORT OF CONSULTATION

PAGE 1

NAME: RAMRATTAN, JERRY

DIN: 12A0608 DOB: 06/27/1972  
CURRENT FAC: WENDE

REFERRING FAC : WENDE  
REFERRAL DATE : 05/21/18 01:03P TELEMED: N<N>  
TYPE OF SERVICE: GLAUCOMA  
URGENCY OF CARE: ROUTINE

REFERRAL NUMBER: 18211488.01M  
REFERRAL TYPE : INITIAL  
REFERRAL STATUS: SCHEDULED  
INTERPRETER: *F. S. T.*

MEDICAL HOLD: NO      TYPE:      REASON CODE:  
TRANSPORTATION : N      WHEELCHAIR N      NURSE N  
SENSORIAL IMPAIRMENT:      HEARING LOSS/NON-SIG  
REFERRED BY: JACQUELYN LEVITT, MD  
REVIEWED BY: JACQUELYN LEVITT, MD

EXP. DATE: AMBULANCE N LITTER N HCA  
LEGAL BLINDNESS  
APPOINTMENT: 06/18/18 10:00A  
POS: WENDE RMU  
PROV: EPSTEIN, BARRY-OPH

REVIEWED BY: JACQUELYN LEVITT, RD PROV: EPSTEIN, BARRY-OPH  
W<sup>AS</sup> seen Specialist R<sup>esponsible</sup> 2014 going assault  
REASON FOR CONSULTATION: HX OF GLAUCOMA WITH BORDERLINE IOP (22/21 ON 1/8/16). STARTED ON LATANOPRO )  
( ST OU W/SUBSEQUENT IOP'S: 13/14, 18/13, 13/14, 14/18, 14/17. V.A. "LOSS" M )  
( ORE SEVERE THAN CUPPING INDICATES. COMPLETE LOSS OF VISION O.S. - FUNCTIONAL )  
( L? "SUBJECTIVE VISION LOSS O.U. S/P TRAUMA (2014)" MRI BRAIN/ORBITS NORMAL )  
( SNELLEN INDICATES "LEGALLY BLIND". REQUEST ADVICE RE: DETERMINING DX. )  
=====

ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

**CONSULTANT**

VA (cc,sc)	OD	20/ FC	T(a/p)	OD	16	P	R&R	OD
	OS	20/ NLP		OS	1d		no APD	OS
<i>10 mm &amp; one</i>								
Anl. Seg.		OD	OS	Fundus			OD	OS
	Lids	wnl	wnl	M, P, C1 C	Vitreous		wnl	wnl
	Conjunctiva	—	—		Optic Disk			
	Cornea	—	—		C/D			
	A/C	++	++		Vessels			
	IP	—	—		Macula			
	Lens	—	—		Periphery			
					see drawing below			

A:	Dropped det. loss on floor		Both pupil responded to light on our optic nerve are NOT competent <del>opt.</del> stated loss	
P:	fairly found there		Impression: Temp NNR is strong on NO R/H is seen	
OCT 1st most recent loss of vision		DATE: 6/17/2018		
CONSULTANT SIGNATURE: <u>R. Sankar</u>		IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY / / - CONTINUE X-RAY		

CONSULTANT SIGNATURE: John Doe DATE: 1/1/15  
IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY 1/1/15 - COST Initial X-ray \$100

D - IF FOLLOW-UP/PROCEDURE RECOMMENDED  
H CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE DR.

*IF FOLLOW-UP/PROCEDURE RECOMMENDED*

*\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE*  
*INMATE'S NYSDOCS PHYSICIAN.*

*Set S. Floutat*

*if* \* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE INMATE'S NYSDOCS PHYSICIAN.

**EXHIBITS (B)**

Plaintiff's (PLRA) records of exhaustion of Administrative Remedies



## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

**TO:** Mr. Ramrattan (12A0608)

**FROM:** Ms. Lewis, IOB

**CC:**

**DATE:** 1/16/20

**SUBJECT:** Removal of SDU Reasonable Accommodations

Based upon your most recent Optometry consultation, which has been reviewed by the Eastern Correctional Facility Health Services Director Dr. Guzman, it has been determined that you do not meet the criteria for SDU services. As a result, the following Reasonable Accommodations will be removed: your yellow Reasonable Accommodation card, 57 ½" Sight Cane, talking watch (# 429), talking calculator (# 27), 4X lighted magnifier (# 24), lamp (# 123), 40 watt bulb, digital book player, green baseball hat, 20/20 pen, purple Click Lock, jack, pad of bold lined paper, Free Matter for the Blind envelopes. Please bring all your SDU issued equipment to the Resource Room on Friday Morning 1/17/20. In addition, you will be removed from the Free Matter for the Blind list at the local Post Office.

NAME Ramrattan

DIN 12A0608

ITEM	NUMBER	DATE		Comments
RA Card				Given 9/23/19
Digital tape player				Given 9/20/19 ?
Headphones	Has Personal ones			On 11/8/19 dsp morris said he could keep personal ones
Lamp	123			
bulb	40 W			
Talking watch	429			
Sunglasses	NOT GIVEN			He has his own
20/20 pen				
Hat	green			green
Free matter envelopes				
4 X magnifier	24			
Talking calculator	27			
jack				
Bold paper				
Brother ribbon		10/11/19		For use in B3 REC
Correctable tape		10/11/19		For use in B3 rec
57 1/2 " Sight cane				He was transferred with this
Click lock	Purple	10/28/19		

These highlighted items were  
returned to SPU on 1/17/20



EASTERN CORRECTIONAL FACILITY  
INMATE GRIEVANCE COMPLAINT

FROM: JERRY RAMRATTAN

Eastern CF, P.O. Box 338

NAPANOCHE, NY 12458

SN: B3-25-8

Date: 1-17-2020

RE: REASONABLE ACCOMMODATIONS TAKEN AWAY

On the above date I received notification by way of an officer arriving at my cell with the letter in hand addressed to me by the Instructor for the Blind here at Eastern. This letter states that "according to my latest eye tests conducted by the medical department I am no longer considered eligible to receive reasonable accommodations for the Blind, and I was given a direct order to return all my approved accommodations for the blind.

The facility Instructor for the Blind then had my accommodations taken away from me. I am Legally Blind in accordance with NYS Law section 8704. My vision and disability is well documented in both my medical files and with the Instructor for the Blind in this facility.

Now I am without my reasonable accommodations for my disability and I do not have a escort to help me, I do not have my blind walking cane, I do not have my magnifiers or any of the other accommodations that I was approved for previously that I need in order to complete the basic simple tasks of my everyday life. It is hard enough having to be in prison & it makes matters worse being disable in prison, yet the foregoing actions that have taken place by the staff members involved in this situation have placed me in a position of danger both physically as well as mentally. The removal of my accommodations have further compromised my health and safety as it was foreseeable

risk based on the deprivation of my serious medical needs.

I believe this action against me was generated out of retaliation for my ability to administer litigation and complaints in where my rights are violated, the filing of complaints within the facility, as well as lawsuits that are pending based on my disability against the State and it's employee's. The medical department is now responsible for allowing the staff to remove me from the list of eligible inmates to receive accommodations. I have since been moved from the Disability Company in R3 & placed into regular population where I am deprived of my rights based on my disability.

This action against me violates the current policy according to directive 2612 and 2614, as well as the Americans with Disability Act, and the violations that have occurred are based on retaliation, harrassment, negligence and deliberate indifference to my serious medical needs.

Each of the following violations have been acts that have been used against me for no good cause.

Under (9 NYCRR Part 7651)

§7651.1 POLICY

Adequate healthcare services shall be provided to all inmates in order to protect their physical and mental well-being. Such care and services shall promote inmate health through the prevention of disease and disabilitiy, and the detection, treatment and care to the same.

§7651.2

The provision of this part shall apply to the department and to all correctional facilities operated by the department.

§7651.4 Departmental and facility policies and procedures

The department shall develop and implement standard operating procedures pursuant to Part 7605 of this Title.

§7695.1 POLICY

In order to provide for the fair and equal treatment of all inmates the department shall develop procedures designed to prevent unlawful discrimination based upon race, religion, national origin, sex, sexual orientation, age, disability or belief.

§7695.2 DEFINITIONS

- (A) Unlawful discrimination shall mean acts or policies which adversely affect individuals based upon race, religion, national origin, sex, sexual orientation, age disabling condition(s) or political belief except as provided by law.
- (B) A disable individual shall mean one who has a physical or mental limitation which substantially limits one or more of such person's major life activities. Such a disability shall be based on a medically documented record of impairment and such person shall be regarded as having a disability.

Article 215 of the Penal Law

§215.40 Tampering with physical evidence.

A person is guilty of tampering with physical evidence when:

1. With intent that it be used to introduce into an official proceeding or a prospective official proceeding, he (a) knowingly makes, devises or prepares false physical evidence, or (b) produces or offers such evidence at such a proceeding knowing it to be false; or
2. Believing that certain physical evidence is about to be produced or used in an official proceeding or prospective official proceeding, and intending to prevent such production or use, he suppressed it by any act of concealment, alteration or destruction, or by employing force, intimidation or deception against any person.  
Tampering with physical evidence is a Class E Felony.

PUBLIC OFFICER CORRECTION LAW §2.1 PERSONAL CONDUCT

No employee, whether on or off duty, shall so comport himself as to reflect discredit upon the department or its personnel.

Lawful Comportment

An employee shall not knowingly or willingly violate any law or ordinance of the United States or the State of New York, or any rule, regulation, or directive of the department.

NYS CORRECTION LAW §126

"If the Superintendent of a correctional facility shall willfully neglect... the superintendent of a correctional facility shall be liable to indictment and punishment for any willful neglect of duty, or for any malpractice in the discharge of the duty of his office.

ACTIONS REQUESTED

I want my reasonable accommodations for the blind restored to me and I want to be moved back to the Unit for the blind so that I can maintain my daily life activities and medical needs. I want the return of all liberties I enjoyed before this violation of my right's took place.

I want a copy of this complaint forwarded to the Office of O.S.I. as well as the A.D.A. Coordinator; and the Commissioner for Corrections Thomas Laughren for his review.

I want a hearing to determine the decision in this matter, and I want this complaint fully exhausted to protect all available remedies I am entitled to.

I further want the responsible parties removed from this facility in order to prevent further harm from coming to others with similar conditions of disability, and I want the appropriate outside agencies to come in here based on my complaint and investigate these issues.

And, I want copies provided in large print of all the answering determinations made in this matter.

Date: 01-17-2020

CCoFile/J.R.

All

DOCCS/Commissioner  
Anthony Annucci  
1220 Washington Avenue  
Albany, NY 12226

  
Jerry Kammler 12A0608  
Eastern Correctional Facility  
Box 338 Napanoch, NY 12458 CC: file

B3-25-8

EASTERN CORRECTION FACILITY  
INMATE GRIEVANCE RESOLUTION COMMITTEE

IGRC Office Acknowledgement Receipt

TO: Ramantan DIN#: 12A0608

CELL: 16-11

This notice is to inform you that your grievance was received on: 10/4/21

LOG#: ECF- 0339 -21

CODE: 6 DEPARTMENT: \_\_\_\_\_

TITLE: RA's Removed

Your log number, DIN, and cell location must be included on any inquiries made concerning your grievance.

Upon completion if an investigation and if not resolved, you will be scheduled for an IGRC hearing. Per Directive #4040, if you do not appear for 3 scheduled hearings without a legitimate reason, the IGRC can hold your hearing in absentia. Inmates with Keep Lock status or in SHU for over 30 days will have their hearing held in absentia.

If your complaint is a part of a consolidated grievance, you will have the option of attending the hearing or a representative will be selected for the group. You will receive a copy of the IGRC decision and are still able to appeal any decision in accordance with Directive #4040.

Grievances coded 25.1, 25.2 or 49 are passed through directly to the superintendent for an investigation. There is NO IGRC hearings for grievances filed under those codes.

You are advised that if it is determined through the investigation that you did not attempt to resolve your issue PRIOR to submitting a complaint, the IGRC can and will Dismiss and Close your grievance at an IGRC hearing in accordance with Directive #4040. This does not apply for Code 49 grievances or PREA allegations.

Any questions regarding your grievance should be sent directly to the IGP Supervisor. Do not give ANY correspondence to the IGRC clerks. They have been instructed not to accept them.

IGRC CLERK/REP:



IGP Supervisor:

IGRC Sergeant:

*\* NO INDICATION OF ANY ATTEMPT  
TO RESOLVE ISSUE PRIOR TO SUBMITTING  
COMPLAINT PER DIRECTIVE #4040.  
(i.e) (DSC Contact)*

GRV# ECF-0339-21

**EASTERN NEW YORK CORRECTIONAL FACILITY  
INMATE GRIEVANCE COMPLAINT**

Jerry Ramrattan 12-A-0608

Date: October 2, 2021

Re: Reasonable accommodations taken away

On the above date I received notification by way of an officer arriving at my cell with the letter in hand addressed to me by the instructor for the blind here at Eastern. This letter states that "according to my latest eye tests conducted by the medical department I am no longer considered eligible to receive reasonable accommodation for the blind, and I was given a direct order to return all my approved accommodations for the blind.

The facility instructor for the blind then had my accommodations taken away from me. I am legally blind in accordance with NYS Law Section 8704. My vision and disability is well documented in both my medical files and with the instructor for the blind in this facility.

Now I am without my reasonable accommodations for my disability and I do not have a escort to help me. I do not have my blind walking cane. I do not have my magnifiers or any of the other accommodations that I was approved for previously that I need in order to complete the basic simple tasks of my everyday life. It is hard enough having to be in prison and it makes matters worse being disable in prison, yet the foregoing actions that have taken place

by the staff members involved in this situation have placed me in a position of danger both physically as well as mentally.

The removal of my accommodations have further compromised my health and safety as it was foreseeable risk based on the deprivation of my serious medical needs. I believe this action against me was generated out of retaliation for my ability to administer litigation and complaints in where my rights are violated. The filing of complaints within the facility as well as lawsuits that are pending based on my disability against the State and its employee's.

The medical department is now responsible for allowing the staff to remove me from the list of eligible inmates to receive accommodations. I have since been moved from the Disability Company in B3 and placed into regular population where I am deprived of my rights based on my disability.

This action against me violates the current policy according to directive 2612 and 2614, as well as the Americans with Disability Act, and the violations that have occurred are based on retaliation, harassment, negligence and deliberate indifference to my serious medical needs.

Each of the following violations have been acts that have been used against me for no good cause.

Under (9 NYCRR Part 7651)

**§ 7651.1 POLICY**

Adequate healthcare services shall be provided to all inmates in order to protect their physical and mental well-being. Such care and services shall promote inmate health through the prevention of disease and disability, and the detection, treatment and care to the same.

§ 7651.2

The provision of this part shall apply to the department and to all correctional facility operated by the department.

§ 7695.1 POLICY

In order to provided for the fair and equal treatment of all inmates the department shall develop procedures designed to prevent unlawful discrimination based upon race, religion national origin, sex, sexual orientation, age, disability or belief.

§ 7695.2 DEFINITIONS

(A) Unlawful discrimination shall mean acts or policies which adversely affect individuals based upon race, religion, national origin, sex, sexual orientation, age disabling condition(s) or political belief except as provided by law.

(B) A disable individual shall mean one who has a physical or mental limitation which substantially limits one or more of such person's major life activities. Such a disability shall be based on a medically documented record of impairment and such person shall be regarded as having a disability.

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2. Believing that certain physical evidence is about to be produced or used in an official proceeding or prospective official proceeding, and intending to prevent such production or use, he suppressed it by employing force,

intimidation or deception against any person. Tampering with physical evidence is a Class E Felony.

**PUBLIC OFFICER CORRECTION LAW § 2.1 Personal Conduct**

No employee, whether on or off duty, shall so comport himself as to reflect discredit upon the department or its personnel.

**Lawful Comportment**

An employee shall not knowingly or willingly violate any law or ordinance of the United States or the State of New York, or any rule, regulation, or directive of the department.

**NYS CORRECTION LAW § 126**

If the Superintendent of a correctional facility shall willfully neglect...the superintendent of a correctional facility shall be liable to indictment and punishment for any willful neglect of duty, or for any malpractice in the discharge of the duty of his office.

**ACTION REQUESTED**

I want my reasonable accommodations for the blind restored to me and I want to be moved back to the unit for the blind so that I can maintain my daily life activities and medical needs.

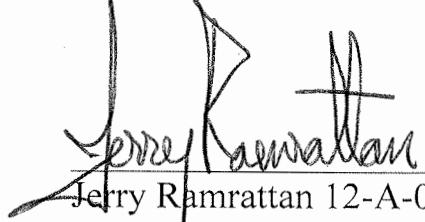
I want a copy of this complaint forwarded to the office of O.S.I. as well as the A.D.A. coordinator; and the Commissioner for Corrections Anthony Annucci for his review.

I want a hearing to determine the decision in this matter and I want this complaint fully exhausted to protect all available remedies I am entitled to.

I further want the responsible parties removed from this facility in order to prevent further harm from coming to others with similar conditions of disability, and I want the appropriate outside agencies to come in here based on my complaint and investigate these issues.

And, I want copies provided in large print of all the answering determinations made in this matter.

Dated: October 2, 2021

  
\_\_\_\_\_  
Jerry Ramrattan  
Eastern New York C.F.  
P.O. Box 338  
Napanoch, New York 12458

cc: file/j.r.

All  
DOCCS/Commissioner Anthony Annucci  
1220 Washington Avenue  
Albany, New York 12226

 <p><b>INMATE GRIEVANCE PROGRAM</b></p> <p><b>SUPERINTENDENT Lynn J. Lilley</b></p>	GRIEVANCE NO.	DATE FILED
	ECF-0339-21	10/4/21
	FACILITY	POLICY DESIGNATION
	EASTERN CORRECTIONAL FACILITY	D
TITLE OF GRIEVANCE	CLASS CODE	
RA's taken away	6	
SUPERINTENDENT'S SIGNATURE <i>Lynn J. Lilley</i>	DATE <i>11/2/21</i>	
GRIEVANT Ramrattan, J.	DIN 12A0608	HOUSING UNIT 16-27

The grievant alleges that his Reasonable Accommodations (RA's) were wrongly discontinued, and he requests that they be reinstated.

The grievant's allegations were investigated and per DSP Allen a request was sent to medical for a review of his case and the grievant was recommended for further evaluation/tests to determine his eligibility for RA's. At this time, medical is waiting for approval in order to schedule an appointment for the grievant, and upon completion of his re-evaluation, a decision will be made to determine if his requests for RA's are warranted.

After a complete review of the investigation, this office has not been presented with sufficient evidence to substantiate the grievant's allegations. The grievant is advised to address further RA concerns with medical, or the DSP for the most expeditious means of resolution.

#### APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent please sign below and return this copy to your Inmate Grievance Clerk to the IGRC Office. You have seven (7) calendar days from receipt of this notice to file your appeal\*. Please state why you are appealing this decision to C.O.R.C..

*I must appeal this supt. decision due to the fact it is untimely also I have done and been out to specialists yet I am being denied and I am still being sent out for more testing which I have never been through,*

*Jerry Ramrattan 12A0608*  
GRIEVANT'S SIGNATURE

*11-02-21*  
DATE

GRIEVANCE CLERK'S SIGNATURE

DATE

\*An exception to the time limit may be requested under Directive #4040, section 701.6 (g).



## Corrections and Community Supervision

**KATHY HOCHUL**  
Governor

**ANTHONY J. ANNUCCI**  
Acting Commissioner

### MEMORANDUM

From: Shelley Mallozzi, Director, Incarcerated Grievance Program  
SUBJ: Receipt of Appeal  
Date: 11/18/2021

J RAMRATTAN 12A0608  
Eastern NY Correctional Facility  
Your grievance ECF-0339-21 entitled  
Reasonable Accommodations Taken  
was rec'd by CORC on 11/8/2021

A disposition will be sent to you after the grievance is reviewed by CORC



## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

TO: I/I Ramrattan DIN# 12A0608  
FROM: Mr. Black, IGP Supervisor   
DATE: 10/5/21  
SUBJECT: 10/4/21 dated correspondence

---

I am in receipt of your 10/4/21 dated correspondence to this office.

Is this a grievance that you want filed or just correspondence? It makes no clear distinction. If it is a complaint, you failed to provide dates, time, and names of staff you allege to be "targeting you".

Please let me know what this was so further action can be taken by this office.

Cc: NCC File

FORM 2131E (9/12)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

## INMATE GRIEVANCE COMPLAINT

*⑥ RA'S TAKEN AWAY*

Grievance No.

0044-20

ECF

CORRECTIONAL FACILITY

Date: 1/23Name: RAMRATTAN, J.Dept. No.: 1210608 Housing Unit: 25-8

Program: \_\_\_\_\_ AM \_\_\_\_\_ PM

(Please Print or Type – This form must be filed within 21 calendar days of Grievance Incident)\*

Description of Problem: (Please make as brief as possible) \_\_\_\_\_

*Attached*

Grievant

Signature: \_\_\_\_\_

Grievance Clerk: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor Requested

 YES NO

Who: \_\_\_\_\_

Action requested by inmate: \_\_\_\_\_

The Grievance has been formally resolved as follows:

This Informal Resolution is accepted:

(To be completed only if resolved prior to hearing)

Grievant

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If unresolved, you are entitled to a hearing by the Inmate Grievance Resolution Committee (IGRC).

\* An exception to the time limit may be requested under Directive #4040, section 701.6(g).

EASTERN CORRECTIONAL FACILITY  
INMATE GRIEVANCE COMPLAINT

FROM: Terry Ramrattan

Eastern CF, P.O. Box 338

Albion, NY 12458

BU B3-25-8

Date: 1-17-2020

RE: REASONABLE ACCOMMODATIONS TAKEN AWAY

On the above date I received notification by way of an officer arriving at my cell with the letter in hand addressed to me by the Instructor for the Blind here at Eastern. This letter states that "according to my latest eye tests conducted by the medical department I am no longer considered eligible to receive reasonable accommodations for the Blind, and I was given a direct order to return all my approved accommodations for the blind.

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ACTIONS REQUESTED

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And, I want copies provided in large print of all the answering determinations made in this matter.

Date: 01-17-2020

CC: File/J.R.

All

DOCCS/Commissioner  
Anthony Annucci  
1220 Washington Avenue  
Albany, NY 12226

Eastern Correctional Facility

Box 338 Napanoch, NY 12458 CC: file

B3-25-8

Committee notes that for investigation  
grievants RFF's were discontinued.  
and reports from ophthalmologists.

Committee recommends this matter  
closed

FORM 2131E (REVERSE) (9/12)

Response of IGRC:

I CONCUR WITH COMMITTEE DECISION AND PERSONALLY VERIFIED  
WITH MEDICAL THAT NO DISABILITY ASSISTANCE IS  
NEEDED PER DR GUZMAN.

Date Returned to Inmate: 2/12/20

IGRC Members:

Chairperson: Peter Aucture

Return within 7 calendar days and check appropriate boxes.\*

I disagree with IGRC response and wish to appeal  
to Superintendent.

I have reviewed deadlocked responses. Pass-Thru  
to Superintendent.

I agree with IGRC response and wish to appeal  
to Superintendent.

I apply to the IGP Supervisor for review of dismissal.

Signed: Jerry Bonnallan

Grievant

Date 02-13-20

Grievance Clerk's Receipt \_\_\_\_\_

Date \_\_\_\_\_

**To be completed by Grievance Clerk.**GrievanceAppealed to the Superintendent: \_\_\_\_\_  
Date \_\_\_\_\_Grievance forwarded to the Superintendent for action: \_\_\_\_\_  
Date \_\_\_\_\_

\* An exception to the time limit may be requested under Directive #4040, section 701.6 (g).

FORM 2131E (9/12)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
INMATE GRIEVANCE COMPLAINT

(22) NEW Doctor - RAs Restored

Grievance No.

0138-20

*ECP*

CORRECTIONAL FACILITY

Date:

*3/1/20*Name: *Ram ROTTAN, J.*Dept. No.: *12A0608*Housing Unit: *16-27*

Program: \_\_\_\_\_ AM \_\_\_\_\_ PM

(Please Print or Type - This form must be filed within 21 calendar days of Grievance Incident)\*

Description of Problem: (Please make as brief as possible) \_\_\_\_\_

*Copm  
3/1/20*

Grievant

Signature: \_\_\_\_\_

Grievance Clerk: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor Requested  YES  NO Who: \_\_\_\_\_

Action requested by inmate: \_\_\_\_\_

The Grievance has been formally resolved as follows:

This Informal Resolution is accepted:  
(To be completed only if resolved prior to hearing)

Grievant

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If unresolved, you are entitled to a hearing by the Inmate Grievance Resolution Committee (IGRC).

\* An exception to the time limit may be requested under Directive #4040, section 701.6(g).

To:

EASTERN C.F.

JERRY RAMRATTAN

12A0608

Attn:

I.G.R.C.

EASTERN C.F.

P.O. Box 338

Re: Jerry Ramrattan 12A0608 Napanoch, NY 12458

Feb. 24, 2020

Dear I.G.R.C.,

I am filing this grievance

as to directive #2612 which Dr. Gusman

and I.O.B, Ms. Lewis should very well

know in detail also others to page #11

of #15 VII Equipment and Services for the

Visually Impaired (B) Downgrading of Visual

Disability Classification: DOCCS shall not change an inmate who is LB/SVI visual disability classification from LB to SVI or LB/SVI to not visually impaired, until the inmate has been physically offered appropriate corrective lenses or glasses and he or she has either accepted or rejected those lenses. If a formerly LB/SVI inmate whose visual disability classification has been downgraded to a classification of Not visually impaired but who needs corrective lenses or glasses to see properly, loses, breaks, or is otherwise not in possession

of his or her corrective lenses or glasses  
for more than seven days, DOCCS shall  
grant a request for reasonable accommodations  
for his or her vision impairment despite the  
fact that he or she has been reclassified as  
not visually impaired; unless, DOCCS can  
demonstrate that the inmate negligently  
or intentionally broke the lenses or glasses.  
Such demonstration may include repeated  
breaking or losing of such glasses or lenses.  
Based on the action taken against me,  
only shows what I believe is a total  
conspiracy against me to take away

my status being "B240" legally blind  
and the fact I am registered with

New York State Commission for the Blind

# Ap. # Reg. 181781 as well. Keep in mind that  
whatever medical documents from Wende  
C.F. he may have used that Wende C.F.

F.H.S.D. Never took away or removed my  
R.A. at anytime due to the fact the

Legal Aid Society & Prisoners legal Services &

Disability Rights New York, Amy Jane Agnew Esq

has records that prove otherwise from

DOCCS. At no time Dr. Gusman or Ms. Lewis

tried to find out what happens at Wende as to these

misleading reports but now it raises  
questions to that F.H.S.D. actions or failures  
which I thank Dr. Gusman but Ms. Lewis  
Knowing she could have contacted the  
I.O.B. at Wendell C.F. raises further questions  
to her failures + actions as a I.O.B. who is  
her job to protect inmates under her title  
who are LB/SVI. Note I WAS transferred  
from Clinton to Wendell after all testing  
by their F.H.S.D. with the assistance  
of Prisoners' legal Services of New York  
which is fully documented in my medical  
folder and I have no problem sharing

These facts for the record of facts ok.

The action I request due to the  
conflict of interest and failure of Eastern

F.A.S.D./Dr. Gusman I no longer trust

his opinion or medical advise also my  
medical care I wish to have another

doctor handle my medical care and

needs also I believe my R.A. must be  
fully restored at once for the record.

I hope that this discrimination, harassment,  
retaliation, stops at once for the record.

CCoFile/J.R.

Respectfully,

All

JERRY RAMRATHAN

FORM 2131E (REVERSE) (9/12)

Response of IGRC:

Committee recommends  
GRIEVANT continue addressing  
His issues with medical dept.

Date Returned to Inmate: 3/16/2020

IGRC Members: Sgt. Meyer

Det. Hanley, ORC

Det. D. Brown

Rebecca Longley

Chairperson: C

Return within 7 calendar days and check appropriate boxes.\*

I disagree with IGRC response and wish to appeal to Superintendent.

I have reviewed deadlocked responses. Pass-Thru to Superintendent.

I agree with IGRC response and wish to appeal to Superintendent.

I apply to the IGP Supervisor for review of dismissal.

Signed: Joseph Hanley

Grievant

03-19-20

Date

Grievance Clerk's Receipt

Date

**To be completed by Grievance Clerk.**

GrievanceAppealed to the Superintendent: \_\_\_\_\_  
Date \_\_\_\_\_

Grievance forwarded to the Superintendent for action: \_\_\_\_\_  
Date \_\_\_\_\_

- \* An exception to the time limit may be requested under Directive #4040, section 701.6 (g).



ANDREW M. CUOMO  
Governor

## Corrections and Community Supervision

ANTHONY J. ANNUCCI  
Acting Commissioner

TO: INMATE Ramrattan DIN# 12a0608  
FROM: Mr. Black, IGP Supervisor  
DATE: 2/18/20  
SUBJECT: 2/14/20 dated request

*BJ* •

I am in receipt of your letter to this office requesting copies of information from a grievance. Please affix this memorandum to serve as my response.

- Directive #4040 makes no provisions for this office to provide an inmate with requested information regarding an investigation. You are advised to direct such requests through the facility FOIL office.

Should you have any questions regarding this memorandum, please feel free to contact this office.

2025 RELEASE UNDER NYLRA

SEN  
TO FOIA  
NOT  
SER

Mr. Black,

FEB 18 2020

02-B-20

I am sending you this  
foia request for the investigation  
Reports from the medical dept.  
which I am entitled to review  
in detail for my records. And  
any other documents that was  
sent to this matter you know ok.

As always thank you for your time

ccofield/JR,

Respectfully,

Terry Ramerow

12A0608

814-16-27



ANDREW M. CUOMO  
Governor

## Corrections and Community Supervision

ANTHONY J. ANNUCCI  
Acting Commissioner

TO: INMATE Ramrattan DIN #12A0608  
FROM: Mr. Black, IGP Supervisor   
DATE: 2/24/20  
SUBJECT: 2/33/20 dated complaint

---

I am in receipt of your complaint dated 2/23/20 regarding a complaint involving a previously filed grievance (ECF-0044-20). Please allow this memorandum to serve as my response.

ECF-0044-20 was filed on your behalf on 1/23/20 as a code 6 complaint titled "RA's taken away". It was heard by the IGRC on 2/12/20 and appealed to the Superintendent on 2/14/20. Superintendent Lee's disposition was then signed and sent out to you on 2/18/20 and this office received your CORC on 2/19/20.

Your action requested in the 2/23/20 dated complaint is beyond the purview of the IGRC. The IGRC cannot be used as an alternative to the FOIL process. Any request for such information must go through the FOIL office as the IGRC cannot provide such documents to an inmate.

I am returning your complaint so that you can re-word your complaint or re-think what you are actually requesting. Once this happens, please feel free to re-submit your complaint, or you may choose to disregard this same complaint. That is your choice and your right.

The IGRC will very likely advise you to allow the grievance process to come full circle and also state that it is not necessary to grieve the same issue multiple times.

Should you have any questions regarding this memorandum, please feel free to contact this office.

To:

Eastern Cf.

Jerry Ramerthas

12A0608

Attn:

I.G.R.C.

Eastern Cf.

P.O. Box 338

Re: Jerry Ramerthas 12A0608

Napavonch, NY 12458

Feb. 23, 2020

Dear I.G.R.C.,

I am filing this grievance

to my last grievance # 0044-20 Dr. Gusman

failing to show his findings and/or

documents how he took my reasonable

accommodations which his findings must

be supported by documents so all

Can be answered the right way  
at every level and I must have  
Copies of all finds and investigations  
for the record of facts. Action that  
I request all documents to Dr. Gusman  
findings and all Eastern OWNS Low  
vision specialist reports to these matters.

CCofle/J.R.

AM

Respectfully,  
Jeffrey Manhattan

12A0608

SH-16-27

**EXHIBIT (C)**

Plaintiff's notices of communication to agencies to remedy the wrong

To:

N.Y.S.D.O.C.C.S.

Jerry RAMRATTAN  
12AO608

Attn:

Chief Medical Officer  
John Morley

EASTERN C.F.  
P.O. Box 338

From:

JERRY RAMRATTAN 12AO608

NAPANOCHE, NY 12588  
Aug. 03, 2020

Dear D.C. John Morley

I am writing you to issues that I am having with medical dept at Eastern. I and Dr. Gusman have serious conflict of interest for the record of facts. And I did file my complaint with OSIU and when it was investigated they agreed with me at the facility level. I am legally blind and hearing impaired then Dr. Gusman had my reasonable accommodations all

Removed also had me moved to Gen. P.P.  
which I was in S.D.U. placing me in  
further danger knowing my disabilities.

I have had these accommodations for years  
at Sullivan, Wende, Easter, and my attorneys  
all feel this is all retaliation for some reason.

Note I am registered with N.Y.S.C.B. and my  
NYSCB registration # CF#181781 and my attorney  
is Ms. Amy Jane Agnew who can't wait to  
meet with DR. Gusman again (Medina vs. DOCCS).

So you know what all started this was me  
requesting to go see the low vision specialist  
then me asking why not to DR. Gusman,  
No I am requesting to have my own specialist  
for hearing and vision to come in on my  
dime even if I have medical coverage I  
and my attorney are willing to pay for this.  
I have always been respectful to all medical  
staff even DR. Guzman for the record.

Do you know my sugar levels was 556  
OR higher and the nurse said the doctor  
Gusman said to go back to my cell. I later  
learn I could have died or went into a coma<sup>S</sup>  
this crazy. I am fearful for my life  
under DR. Gusman care so I am respectfully  
ask or request that another <sup>Doctor</sup> treat me alright.  
Please note copies of this letter will be going  
out to all so I cover myself to these matters.  
Note DR. Gusman used old medical records from  
another facility to take away my accommodations  
and still to date he has fail to send me out to  
the low vision specialist. My attorney is working  
on bring in Doctor's from N.Y. Eye, Ear and throat  
to exam me at the facility so you know alright.  
Please reply at once so I can know how to  
get this done asap to stop the abuse of power.  
I know all these DOCCS low vision specialist  
can't be wrong cause that is another can of worms.

That no one want to deal with the counts  
I am doing my best to fix this matter,  
My Attorney and family has been in touch  
with NYSCB a's to these matters. Please  
I don't want to take these matters to court,  
but if I must then that is where we go ok  
Yet I am trying to handle or fix things in a  
easy and respectful way as you see alright,  
Thank you for your time and I await your  
Reply to these matter Sir, Please restore my(RA)  
Reasonable accommodations under the law  
CCofile/J.R.

OSI U  
Dept. Counsel  
Comm. Annua!  
Amy Jane Agnew Esq.  
RAMRATTAN Family  
N.Y.S.C.B.  
NYS/AG Office  
TRACY DRUMMOND  
Stefan R. Short ESQ. 4

Respectfully,  
Jerry Ramrattan  
RA0608

Jerry Ramrattan  
Din # 12-A-0608  
Eastern N.Y. Corr. Fac.  
P.O. Box 338  
Napanoch, N.Y. 12458

September 25, 2021

To: **N.Y.S.D.O.C.C.S.**  
Att: Chief Medical Officer, John Morley  
From:

Dear D.C. John Morley

I am writing you to issues that I am having with medical dept. at Eastern. I and Dr. Gusman have serious conflict of interest for the record of facts. And I did file my complaint with O.S.I.U. and when it was investigated they agreed with me at the facility level. I am legally blind and hearing impaired then Dr. Gusman had my reasonable accommodations removed also had me moved to General Population which I was in S.D.U. B-3 Housing Area placing me in further danger knowing my disabilities. I have had these accommodations for years at these following Facilities Sullivan, Wende and Eastern, also my attorneys all feel this is all retaliation for some reason.

Note: On the date of 1/16/20 from Ms. Lewis, IOB  
**Subject: Removal of SDU Reasonable Accommodations. Base upon your recent Optometry consultation, which has been reviewed by the Eastern Correctional Facility Health Services Director Dr. Gusman, it has been determined that you do not meet the criteria for SDU services. At the most important I have never sign any authorization for release of Health Information, for these two to discuss my medical records. I believe my medical information should not be discussed without my consent, please see attached exhibits as evidence of fact to this matter.**

I am registered with N.Y.S.C.B. and my N.Y.S.C.B. registration # CF181781 so you know what all started because I requesting to go see the low vision specialist the answer was negative, then me asking why not to Dr. Gusman. Now I am requesting to have my own specialist for hearing and vision to come in on my own expense even if I have medical coverage I and my attorney are willing to pay for

this consultation. I have always been respectful to all medical staff even Dr. Gusman for the records. At that time my sugar level was over 500 or higher and the nurse said Dr. Gusman said to go back to my cell. I later learn I could have died or went into a coma this is crazy. I am fearful for my life under Dr. Gusman care so I am respectfully ask or request that another doctor treat me alright. Note: The above matter happened last year just before I was diagnosed to be Diabetic in July of 2020.

Please note copies of this letter will be going out to all so I can cover myself to these matters.

Note: Dr. Gusman used old medical records from another facility to take away my accommodations and still to date he has fail to send me out to the low vision specialist. My attorney is working on bring in doctor's from N.Y. Eye, Ear, and Throat to exam me at the facility so you know alright. Please reply at once so I can know how to get this done A.S.A.P. to stop the abuse of power. I know all these D.O.C.C.S. low vision specialist can't be wrong cause that is another can of worms. That no one want to deal with in court I am doing my best to fix this matter. My attorneys and family has been in touch with N.Y.S.C.B. and U.S. Department of Justice Office of Civil Rights as to these matters. Please I wouldn't want to take these matters to court but if I must then, that is where we must go. Yet I am trying to handle or fix things in an easy and respectful way as you see Sir.

Thank you for your time and I await your reply to this matter Sir.

Please note all I am requesting is to have my reasonable accommodations restored under law or American with Disability Acts "ADA Act".

cc: File/J.R.  
OSIU  
Dept. Counsel  
Comm. Annucci  
Amy Jane Agnew Esq  
A.U.S.A. Shelley Laugguth  
N.Y.S.C.B.  
NYS/A.G. Office  
Stefan R. Short Esq

Respectfully,

Jerry Ramrattan

A handwritten signature in black ink that reads "Jerry Ramrattan". The signature is fluid and cursive, with "Jerry" on top and "Ramrattan" below it. To the left of the signature, there is a small, roughly triangular graphic element.



## Corrections and Community Supervision

KATHY HOCHUL  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

November 8, 2021

Jerry Ramrattan, 12A0608  
Eastern Correctional Facility  
30 Institution Road  
PO Box 338  
Napanoch, NY 12458-0338

Dear Mr. Ramrattan:

Deputy Commissioner Morley has asked me to respond to your recent letters.

The Division of Health Services has investigated your concerns with the Health Services staff at Eastern Correctional Facility. I have been advised that you were evaluated by the Glaucoma Specialist on October 21, 2021, and you were evaluated by your Primary Care Provider on October 28, 2021. You are also awaiting scheduling to be evaluated by the Audiologist. Please be reminded that your primary care provider is the determinant of your medical care and treatment plan, as well as assigning permits when necessary.

It is suggested that you continue to bring your medical concerns to the attention of the health care staff using the existing sick call procedure. I am sure they will make every effort to address your needs.

Sincerely,

A handwritten signature in black ink, appearing to read "Danielle Snide".

Danielle Snide  
Regional Health Services Administrator  
Division of Health Services

cc: FHSD, Eastern Correctional Facility



## Corrections and Community Supervision

KATHY HOCHUL  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

October 12, 2021

Jerry Ramrattan, 12A0608  
Eastern Correctional Facility  
30 Institution Road  
PO Box 338  
Napanoch, NY 12458-0338

Dear Mr. Ramrattan:

Deputy Commissioner Morley has asked me to respond to your recent letter.

The Division of Health Services has investigated your concerns with the Health Services staff at Eastern Correctional Facility. I have been advised that you are currently scheduled to be evaluated by the Glaucoma Specialist. You are encouraged to discuss the issues you outlined in your letter at this time. Please be reminded that your primary care provider is the determinant of your medical care and treatment plan.

It is suggested that you continue to bring your medical concerns to the attention of the health care staff using the existing sick call procedure. I am sure they will make every effort to address your needs.

Sincerely,

A handwritten signature in black ink that reads "Danielle Snide".

Danielle Snide  
Regional Health Services Administrator  
Division of Health Services

cc: FHSD, Eastern Correctional Facility



KATHY HOCHUL  
Governor

## Corrections and Community Supervision

ANTHONY J. ANNUCCI  
Acting Commissioner

**TO:** J. Ramrattan 12A0608 16-27

**FROM:** A. Allen, Deputy Superintendent for Program Services M

**DATE:** October 25, 2021

**SUBJECT:** Grievance 0339/21

---

I am responding to your grievance dated 10/2/21 as well as the result of the Superintendent's review of your Reasonable Accommodation request on 10/5/21. I have asked for your case to be reviewed by Medical. You are being recommended for further evaluation/tests to determine your eligibility for reasonable Accommodations. Medical is currently waiting for approval in order to schedule your appointment, and upon completion of your follow up/re-evaluation for reasonable accommodations, a decision will be made to determine if requests are warranted.

Please continue to exercise some patience as we are being thorough in reaching a solution in order to provide you with the services you require Thank you.

AA:tat

Cc: IGP Supervisor Black (ECF 0339/21)  
File



KATHY HOCHUL  
Governor

## Corrections and Community Supervision

ANTHONY J. ANNUCCI  
Acting Commissioner

**TO:** J. Ramrattan 12A0608 16-11

**FROM:** A. Allen, Deputy Superintendent for Program Services 

**DATE:** September 30, 2021

**SUBJECT:** Your Letter Dated 9/13/21  
RE: Reasonable Accommodations

---

On 9/27/21, you met with your assigned ORC, Ms. Francois, to discuss your concerns. I also received your reasonable accommodation request. It will be processed and a decision will be made according to the medical evaluation and your eligibility.

AA:tat

Cc: File

~ ~



# Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

**TO:** J. Ramrattan 12A0608 16-11  
**FROM:** C. Morris, Deputy Superintendent for Program Services  
**DATE:** June 23, 2021  
**SUBJECT:** Reasonable Accommodation Request

---

This is a follow-up to the 6/21/21 meeting that we had to discuss the determination of your reasonable accommodations request.

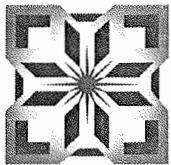
Specifically, on 5/24/21, you submitted a request for a telephone amplifier, closed caption television, sound amplification system, hearing aids/batteries, notification systems, visual smoke detector, preferred seating, shake awake alarm, large print, mobility assistant, guidance cane, magnifier, tape player, lamp, visor/sunglasses and a service dog.

On 6/9/21, medical review determined that you are designated HL30 (non-significant hearing loss) resulting from a 1/2/2020 audiology consult. The documentation also noted that you were scheduled to follow up with the facility audiologist to review the latest hearing report from the Albany audiologist. Regarding your request for visual accommodations, documentation noted that you were scheduled for a follow up appointment with neuro-ophthalmology to re-evaluate subjective vision loss. My determination noted the decision was pending the results of your follow up appointments. You disagreed and requested to meet with the Superintendent or designee. I am the designee and met with you on 6/21/21. During the conversation, I reiterated the above. You stated that you met with the audiologist on 6/10/21 and was advised that you meet the criteria for SDU. I informed you that once I receive notification from medical I would respond accordingly.

On 6/22/21 I was notified by medical staff that you underwent ABR testing on 11/27/20 to evaluate your level of hearing loss. The testing revealed that you have mild significant hearing loss. Based on Directive 2612, this designation affords you hearing aids and batteries, which you are already receiving. Medical documentation also notes that your re-evaluation by neuro-ophthalmology determined that you have functional vision loss, also known as subjective vision loss. This diagnosis is not supported by exam, imaging, testing and are out of proportion to exam findings. The final medical conclusion is that there is no evidence to support your request for the noted accommodations and that you do not qualify for SDU status.

CM:tat

Cc: Guidance File SDU File File



# DISABILITY RIGHTS NEW YORK

www.drny.org

mail@drny.org

518-432-7861

Jerry Ramrattan, DIN #12A0608  
Eastern Correctional Facility  
30 Institution Rd.  
P.O. Box 338  
Napanoch, NY 12458-0338

December 19, 2019

Dear Mr. Ramrattan,

I am writing to let you know that Disability Rights New York (DRNY) plans to visit Eastern Correctional Facility (Eastern C.F.) in mid-to-late January 2020. The primary purpose of our visit will be to evaluate the Sensorially Disabled Unit (SDU) in response to a number of recent complaints we have received from inmates there. We anticipate having a limited amount of time to conduct legal interviews with

---

## ALBANY

725 Broadway, Suite 450  
Albany, NY 12207-5001

## BROOKLYN

25 Chapel St, Suite 1005  
Brooklyn, NY 11201

## ROCHESTER

44 Exchange Blvd, Suite 110  
Rochester, NY 14614



TTY: 518-512-3448

Fax: 518-427-6561

Toll Free: 1-800-993-8982

Page 2 of 5

inmates to discuss disability-related issues at Eastern C.F. and the SDU in particular.

If you feel comfortable adding your name to a list of inmates who DRNY will interview, please return the enclosed form to me at your earliest convenience. Please note that while the enclosed form itself will not be shared with DOCCS, your name will be put on a list that DRNY will provide to DOCCS of inmates who DRNY would like to interview. If you do not sign up for an interview, DRNY will contact you by mail, per usual. Please note that we will make every effort to interview you if you send me the enclosed form, but due to scheduling restrictions we may not have time to interview everyone who signs up.

Please write to me with any questions about the above. I do not need additional information

---

**ALBANY**  
725 Broadway, Suite 450  
Albany, NY 12207-5001

**BROOKLYN**  
25 Chapel St, Suite 1005  
Brooklyn, NY 11201

**ROCHESTER**  
44 Exchange Blvd, Suite 110  
Rochester, NY 14614

 TTY: 518-512-3448  
Fax: 518-427-6561  
Toll Free: 1-800-993-8982

Page 3 of 5

about your complaints at this time unless there has been a new, time-sensitive developments.

Regards,

  
Matthew Steele  
Staff Attorney

Enclosures: Eastern C.F. interview form;  
SASE

---

**ALBANY**  
725 Broadway, Suite 450  
Albany, NY 12207-5001

**BROOKLYN**  
25 Chapel St, Suite 1005  
Brooklyn, NY 11201

**ROCHESTER**  
44 Exchange Blvd, Suite 110  
Rochester, NY 14614

 TTY: 518-512-3448  
Fax: 518-427-6561  
Toll Free: 1-800-993-8982



Prisoners' Rights Project  
199 Water Street  
New York, NY 10038  
T (212) 577-3300  
[www.legal-aid.org](http://www.legal-aid.org)

John K. Carroll  
*President*

Janet E. Sabel  
*Attorney-in-Chief*  
*Chief Executive Officer*

Mary Lynne Werlwaz  
*Director*  
Prisoners' Rights Project

**LEGALMAIL**  
**PRIVILEGED AND CONFIDENTIAL**

January 24, 2020

Jerry Ramrattan  
12A0608  
Eastern NY Correctional Facility  
30 Institution Road  
Box 338  
Napanoch, NY 12458-0338

Dear Mr. Ramrattan:

I write in response to your January 16, 2020 letter in which you report that your accommodations were rescinded in retaliation for your meetings with me and representatives from Disability Rights New York (“DRNY”).

Please be advised that we also received a call from your mother concerning this issue. Your mother reported that you went to the eye doctor shortly after your visit with DRNY—either on January 17 or January 18—and the doctor confiscated your guidance cane. She also reported that you have a hearing this month, and without your guidance cane, you won’t be able to walk to that hearing. I need more information from you to determine how best to advocate for DOCCS to return your cane and other

January 24, 2020

accommodations. Please send me your answers to the following questions:

- Are you still classified B240? If not, what is your classification.
- Other than you cane, has DOCCS rescinded your other accommodations? If yes, what accommodations did DOCCS rescind and when did they rescind them?
- Were you told why DOCCS rescinded your accommodations? If yes, what was the reason?
- Was the rescission communicated to you in writing or verbally?
- Does your RA permit still approve you for a guidance cane and your other rescinded accommodations? If not, have you been issued a new permit that does not approve you for these accommodations? When?
- Have you been provided with “alternate” accommodations, such as an Inmate Mobility Aide (“IMA”)? If yes, why aren’t these accommodations sufficient?
- Have you grieved or otherwise challenged the rescission of your accommodations? If yes, what was the result?

January 24, 2020

- What hearing do you have at the end of the month? Have you requested any accommodations specifically for this hearing? If yes, what accommodations did you request and what was the result of your request?
- Please describe in more detail how you have been impacted by DOCCS' rescission of your accommodations.

Based on your answers, I'll determine next steps.

Very truly yours,



Stefen R. Short  
*Staff Attorney*



Office of Justice Programs

*Office for Civil Rights*

---

Washington, D.C. 20531

January 15, 2021

Jerry Ramrattan 12-A-0608  
PO Box 338  
Napanoch, NY 12458-0338

Re: Ramrattan v. New York State Department of Corrections and Community Supervision (21-OCR-0311)

Dear Mr. Ramrattan:

The Office for Civil Rights (OCR) at the Office of Justice Programs (OJP), U.S. Department of Justice (DOJ), received notice of your Complaint against New York State Department of Corrections and Community Supervision.

The OCR is responsible for ensuring that recipients of financial assistance from the OJP, the Office on Violence Against Women, and the Office of Community Oriented Policing Services comply with federal laws that prohibit discrimination in employment and the delivery of services or benefits based on one or more of these protected classifications: race, color, national origin, religion, sex, and disability, among others.

For the OCR to proceed with reviewing your Complaint, please provide the OCR with specific details about your allegations, including dates, times, places, and the names and contact information of alleged perpetrators and witnesses.

Please complete and return the enclosed Complaint Verification Information form. Although some responses may repeat information that you previously provided, please answer all applicable questions and return this form. The OCR must know how you (or whomever you are filing on behalf of) are treated differently from others, how rules and regulations are applied differently, or how programs and activities that are routinely available to others are not made available to you (or whomever you are filing on behalf of) because of one of the protected classifications listed above. Once we receive your response, we will use the information to determine whether the OCR has the authority to investigate your allegations.

Please also complete and return the enclosed Complainant Consent/Identity Release Form. The OCR may need to reveal your identity to persons at the agency or organization under investigation to investigate your allegations and receive information about you. If your Complaint was filed on behalf of someone else, that person must complete and sign the Complainant Consent/ Identity Release Form. Although consent is voluntary, the OCR may not be able to investigate the Complaint unless this release is authorized.

Jerry Ramrattan

January 15, 2021

Page 2 of 2

The forms can be mailed to Office of Justice Programs, U.S. Department of Justice, Office for Civil Rights, 810 7th St. NW, Washington, DC 20531. **If you do not return both forms within forty-five (45) days from the date of this letter, the OCR will administratively close your complaint. You will not receive further correspondence from the OCR if this occurs.**

If the forms are properly completed and returned within the requested time period, the OCR will assign an attorney to your Complaint to determine whether an investigation is appropriate. If the OCR initiates an investigation, it will provide the agency or organization under investigation with an opportunity to respond to your allegations and provide supporting documentation.

Thank you for contacting the DOJ with your concerns.

Sincerely,



---

Michael L. Alston  
Director, Office for Civil Rights  
Signed by: Michael Alston

Enclosures

CVF  
IRS



Office of Justice Programs

*Office for Civil Rights*

---

Washington, D.C. 20531

April 13, 2021

Jerry Ramrattan, #12A0608  
Eastern Correctional Facility  
30 Institution Road  
P.O. Box 338  
Napanoch, NY 12458-0338

Re: *Ramrattan v. N.Y. State Dep't of Corr. and Cmty. Supervision (21-OCR-0311)*

Dear Mr. Ramrattan:

The Office for Civil Rights (OCR), Office of Justice Programs, U.S. Department of Justice (DOJ) has received your Complaint Verification Information form and Identity Release Statement in connection with your above-referenced administrative Complaint against the New York State Department of Corrections and Community Supervision (DOCCS). In your Complaint, you alleged that the DOCCS discriminated against you based on disability when it removed your accommodations. You further alleged that the DOCCS removed your accommodations and threatened and harassed you because you filed a lawsuit against the DOCCS and participated in a class action lawsuit against the DOCCS brought by blind inmates.

The OCR has the administrative responsibility for ensuring that recipients of financial assistance from the DOJ do not discriminate in the delivery of services on the basis of race, color, national origin, sex, religion, disability, and age, and, in some cases, sexual orientation and gender identity. The laws that the OCR enforces include Title II of the Americans with Disabilities Act of 1990 (ADA), which states that no qualified individual with a disability shall, by reason of a disability, be excluded from participation in or denied the benefits of the services, programs, or activities of a public entity. 42 U.S.C. § 12132. Section 504 of the Rehabilitation Act of 1973 (Section 504) contains a similar provision prohibiting discrimination by recipients of federal funding. *See* 29 U.S.C. § 794. The ADA and Section 504 also prohibit an agency from retaliating against an individual for making a charge of discrimination. 28 C.F.R. §§ 35.134, 42.503(b)(vii).

As an initial matter, all administrative complaints of disability discrimination must be filed with the DOJ within 180 days from the date of the alleged discrimination. 28 C.F.R. §§ 35.170(b), 42.530(a). Because the DOJ initially received your Complaint on September 11, 2020, the OCR only has jurisdiction, or authority, to investigate your allegations of disability discrimination or retaliation occurring on or after **March 11, 2020** (i.e., within 180 days of September 11, 2020).

Jerry Ramrattan, #12A0608

April 13, 2021

Page 2 of 3

In your Complaint, you indicated that you are legally blind and use hearing aids for a hearing impairment. You provided the OCR with a January 29, 2020, Verification of Legal Blindness from the New York State Commission for the Blind. The documentation that you provided demonstrates that on January 16, 2020, the DOCCS determined that based on a recent optometry consultation you no longer met the criteria for services from the DOCCS' Sensorial Disability Unit (SDU). The DOCCS removed a number of accommodations for your vision impairment at that time, including a cane, talking watch, talking calculator, magnifier, digital book player, and free matter for blind envelopes. In response to a June 1, 2020, Request for Reasonable Accommodation form that you submitted, the DOCCS wrote that you cannot be properly assessed because you refused an optometry consult.

So that we may evaluate your allegations, please provide us with the following additional information or documentation:

1. Any available documentation from the optometry consultation that occurred prior to January 16, 2020;
2. An explanation of whether you refused an optometry consultation around the time of your June 1, 2020, Request for Reasonable Accommodation and, if so, why;
3. An explanation of whether you have had any optometry consultations since January 16, 2020, attaching any relevant documentation;
4. An explanation of any specific accommodations you have requested since March 11, 2020, and the DOCCS' response, attaching any relevant documentation;
5. In regard to any accommodations you have requested since March 11, 2020 that the DOCCS is not providing you with, an explanation of whether you are unable to participate in any specific DOCCS services, programs, or activities without the accommodation(s);
6. An explanation of when you filed your lawsuit against the DOCCS, and participated in the class action lawsuit against the DOCCS, that you believe the DOCCS is retaliating against you for; and
7. An explanation of exactly how you believe the DOCCS has retaliated against you since March 11, 2020 for filing a lawsuit against the DOCCS and participating in a class action against the DOCCS.

Jerry Ramrattan, #12A0608

April 13, 2021

Page 3 of 3

Please send the requested information to the following address:

Attorney Shelley Langguth  
Office for Civil Rights  
Office of Justice Programs  
U.S. Department of Justice  
810 7<sup>th</sup> Street, NW  
Washington, DC 20531

Please be aware that if we do not receive the requested documentation **within forty-five days from the date of this letter** we will administratively close your Complaint.

Sincerely,



---

Michael L. Alston  
Director  
Signed by: Michael Alston



Office of Justice Programs

*Office for Civil Rights*

---

*Washington, D.C. 20531*

August 5, 2021

Jerry Ramrattan, #12A0608  
Eastern Correctional Facility  
30 Institution Road  
P.O. Box 338  
Napanoch, NY 12458-0338

Re: *Ramrattan v. N.Y. State Dep't of Corr. and Cnty. Supervision (21-OCR-0311)*

Dear Mr. Ramrattan:

The Office for Civil Rights (OCR), Office of Justice Programs, U.S. Department of Justice (DOJ) has received all of the additional information that you submitted in connection with your above-referenced administrative Complaint against the New York State Department of Corrections and Community Supervision (DOCCS). In your Complaint, you alleged that the DOCCS discriminated against you based on disability, and retaliated against you for participating in lawsuits, when it removed your accommodations.

The OCR has the administrative responsibility for ensuring that recipients of financial assistance from the DOJ do not discriminate in the delivery of services on the basis of race, color, national origin, sex, religion, disability, and age, and, in some cases, sexual orientation and gender identity. The laws that the OCR enforces include Title II of the Americans with Disabilities Act of 1990 (ADA), which states that no qualified individual with a disability shall, by reason of a disability, be excluded from participation in or denied the benefits of the services, programs, or activities of a public entity. 42 U.S.C. § 12132. Section 504 of the Rehabilitation Act of 1973 (Section 504) contains a similar provision prohibiting discrimination by recipients of federal funding. *See* 29 U.S.C. § 794. The ADA and Section 504 also prohibit an agency from retaliating against an individual for making a charge of discrimination. 28 C.F.R. §§ 35.134, 42.503(b)(vii).

So that the OCR may evaluate the current status of your allegations, please provide us with the following information:

1. Please explain what specific accommodations, if any, the DOCCS is currently providing you with for your vision impairment;
2. Please explain whether the accommodations that you are receiving (if any) are sufficient to allow you to participate in the DOCCS' services, programs, or activities, and, if not,

Jerry Ramrattan, #12A0608

August 5, 2021

Page 2 of 2

why not;

3. If you believe that you are not currently able to participate in the DOCCS' services, programs, or activities, please explain what specific accommodations you require to do so;
4. Please explain whether you have requested any specific accommodations from the DOCCS since June 1, 2020, either verbally or in writing, and what the DOCCS' response was, attaching any relevant documentation;
5. The documentation that you provided indicates that you had a medical consultation for visual field testing on April 15, 2021. Please explain the outcome of that consultation, such as whether a medical provider recommended that you receive any specific treatment or accommodations;
6. Please explain whether you have had any further consultations or other medical examinations for your vision since April 15, 2021, and, if so, the outcome of any examinations; and
7. Please explain whether attorney Amy Jane Agnew, or any other attorney, is currently assisting you with obtaining accommodations at the Eastern Correctional Facility and, if so, please provide the attorney's contact information and explain what the attorney is doing on your behalf and when you last had contact with the attorney.

Please send the requested information to the following address:

Attorney Shelley Langguth  
Office for Civil Rights  
Office of Justice Programs  
U.S. Department of Justice  
810 7<sup>th</sup> Street, NW  
Washington, DC 20531

Please be aware that if we do not receive the requested documentation **within forty-five days from the date of this letter** we will administratively close your Complaint.

Sincerely,



---

Michael L. Alston  
Director  
Signed by: Michael Alston



Office of Justice Programs

*Office for Civil Rights*

---

Washington, D.C. 20531

September 28, 2021

Jerry Ramrattan, #12A0608  
Eastern Correctional Facility  
30 Institution Road  
P.O. Box 338  
Napanoch, NY 12458-0338

Re: *Ramrattan v. N.Y. State Dep't of Corr. and Cmty. Supervision (21-OCR-0311)*

Dear Mr. Ramrattan:

Thank you for the additional information that you submitted to the Office for Civil Rights (OCR), Office of Justice Programs, U.S. Department of Justice (DOJ) in connection with your above-referenced administrative discrimination Complaint against the New York State Department of Corrections and Community Supervision (DOCCS). In your Complaint, you alleged that the DOCCS discriminated against you based on disability and retaliated against you for complaining of discrimination when it removed your accommodations.

The OCR has the administrative responsibility for ensuring that recipients of financial assistance from the DOJ do not discriminate in the delivery of services on the basis of race, color, national origin, sex, religion, disability, and age, and, in some cases, sexual orientation and gender identity.

The OCR has notified the DOCCS of your Complaint and has requested a response to your allegations. We will notify you once we have reached a determination on your Complaint.

Sincerely,



---

Michael L. Alston  
Director  
Signed by: MICHAEL ALSTON



Dear Jerry,

I saw that you called into the 777 hotline to talk about feeling triggered after an interaction with a doctor. I am sorry to hear that you had to go through that terrible experience, and felt violated because of it. You do not deserve to be treated that way, and I know words cannot describe the anger you must have felt. However, I hope you know how proud I am of you for utilizing the hotline for additional support. That step alone shows that you have made significant progress in handling negative interactions. I can only imagine how hard it was to pick up that phone to ask for help, and let a complete stranger talk to you about what you have experienced. I hope you know how brave you are for being able to open up and talk more about your trauma. With this letter, I have included two documents to assist you with becoming more comfortable about disclosing what you have experienced.

As we discussed during our call, you need to be able to talk about your experience in order to heal. However, this does not mean you need to disclose everything all at once, and you are the best judge when it comes to who and how much you disclose. Of course disclosing is not easy so please make sure you take time to do some self-care, and release emotions in a positive manner. I will schedule another phone call before the end of January to check in and see how things are going. However, please do not hesitate to reach out via legal mail, and please continue to use the 777 hotline as necessary.

Be safe,

Angela T.  
PREA Case Manager  
Crisis Services  
100 River Rock Dr.  
Suite 300  
Buffalo, NY 14207



Prisoners' Legal Services  
of New York

41 State Street, Suite M112 • Albany, New York 12207  
Tel: (518) 438-8046 • Fax: (518) 438-6643

**Executive Director**

Karen L. Murtagh

**Deputy Director**

Betsy Hutchings

**Managing Attorney**

Sophia Heller

**Senior Supervising Attorney**

James Bogin

**Staff Attorneys**

John Amodeo

Mary Cipriano-Walter

Matthew McGowan

October 22, 2021

Jerry Ramrattan  
12-A-0608  
Eastern NY Correctional Facility  
P.O. Box 338  
Napanoch, NY 12458-0338

Dear Mr. Ramrattan:

This office received your recent correspondence regarding a problem in obtaining appropriate accommodations. In order to determine how we might assist you, please complete and return the following forms, all of which can be found in the enclosed packet:

- Request for services and all four authorizations
- Medical releases (2)\*
- Authorization for disclosing your medical information
- ADA questionnaire
- Medical problem questionnaire

\* On the medical releases, all you need to do—on both copies—is to initial where indicated in section 9(b), and sign/date the releases at the bottom of the page. We will complete the rest.

In addition to filling out the forms, please provide any additional details that you think are relevant. Specifically, what reasonable accommodations did you previously have and when did DOCCS take away those accommodations? How does the removal of those reasonable accommodations effect your day-to-day life? Include names and dates if you have them. Proof must be specific and detailed. If you have any relevant records, please send me copies (if you are unable to get to a copier, send the originals to me and I will copy them for your file and return the originals to you). This might include grievances and any responses or decisions, records specific to this current problem, correspondence between you and DOCCS staff, and so on.

Also, if you have not already done so, you should submit a request for reasonable accommodations. Instructions on how to do so are provided in Directive No. 2614, "Reasonable Accommodations for Inmates with Disabilities." This directive is included in the packet of ADA materials.

Jerry Ramrattan  
October 22, 2021  
Page | 2

Please note we cannot promise representation at this time. Once we receive your records and further details about your situation, we will be in a better position to determine what, if any, assistance this office can provide.

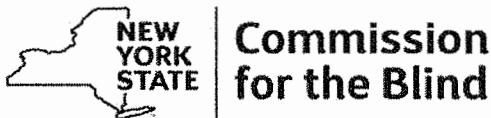
I will wait to hear back from you.

Sincerely yours,

Christina Alicea  
Law Graduate

Enc: ADA Packet



ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Acting Commissioner

**Jerry Ramrattan**

**12-A-0608**

**Eastern Correctional Facility**

**PO BOX 338**

**Napanoch, NY 12358**

**Nov. 2, 2021**

**Dear Mr. Ramrattan:**

We are in receipt of your correspondence seeking assistance from NYS Commission for the Blind. I understand you are having some difficulty within the facility regarding reasonable accommodations. Unfortunately, our services are to assist individuals who are legally blind and totally blind with assistance with daily living skills, training, and employment in the community.

I have enclosed your verification of legal blindness along with some information on being a human guide for someone that is legally blind that may be helpful for staff, perhaps a social worker or vocational rehabilitation counselor on site can assist. I have also included an application for services that you can apply for one month prior to your release from the facility.

Your connection with Disability Rights NY would be the appropriate contact to continue advocating while you are in the facility for the accommodations you are requesting.

**Sincerely,**

A handwritten signature in black ink, appearing to read "Ana Duraes".

**Ana Duraes**

**District Manager**



# Commission for the Blind

KATHY HOCHUL  
Governor

SHEILA J. POOLE  
Commissioner

## Verification of Legal Blindness

Name:  
Mr. Jerry Ramrattan

NYSCB Registration No.  
CF# 181781

Address:  
31-43 101st St.  
East Elmhurst, NY 11369

The above named person is registered as legally blind with the Commission for the Blind in accordance with New York State law, Section 8704.

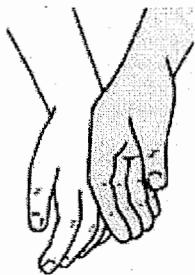
Signature: *Nathaniel Beyer*

Title: Assistant Commissioner  
Date: 11/02/2021

## Guiding a person who is blind or has low vision

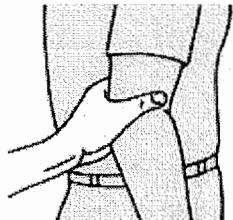
Sometimes people who are blind or have low vision find it useful to be guided by another person. One way to do this safely and efficiently is to use sighted guide techniques. Not all people with little or no sight will use these methods, so it is important to ask what (if any) specific assistance they require.

Use this link for the [audio described version](#) of the video guiding and communicating with a person who is blind or has low vision.

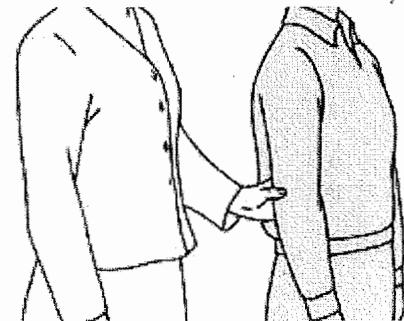


### Getting started

Ask the person if they need assistance. If they do need assistance, contact the back of their hand with the back of yours.



They can then hold your arm just above the elbow.



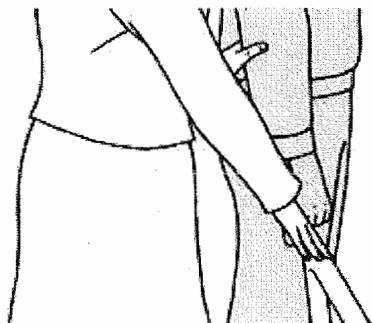
### Walking

When passing through a doorway, ensure the person who is blind or vision impaired is on the hinged side of the door. As you get close to the door, explain which way it opens. Open the door and walk through, allowing the person you are guiding to close it behind you using their free hand.



### **Steps and staircases**

Stop at the first step and tell the person you are guiding whether the steps go up or down. Change sides if necessary to ensure the person you are guiding can use the handrail. Start walking when the person is ready, remaining one step ahead of them. Stop when you reach the end of the stairs and tell the person you are at the top or bottom.



### **Seating**

Explain which way the chair is facing and where it is placed in relation to the rest of the room. Then walk up and place your guiding arm on the chair and explain which part of the chair you are touching. The person you are guiding can then move their hand down your arm to locate the chair to seat themselves.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**COMMISSION FOR THE BLIND**  
**APPLICATION FOR SERVICE**

**NOTICE:** This form may be submitted by a person who is blind or visually impaired, or by an individual or agency on behalf of that person

- If you have been mailed this form, please return it in the pre-addressed envelope provided.
- If you are filling this form out online, please fill out the form and save it as a WORD or PDF document to your desktop. Then mail or email the form to the District Office which is located closest to you. (Office and email addresses are listed on the back of this form).

**APPLICANT INFORMATION**

First (Full):	Middle initial:	Last:	Social security number: - - - - -	
Street address (Apt. #):				Date of birth: / / /
City:	State: <b>NY</b>	Zip code:	County:	Area code/ Phone number: ( ) - - -
If No phone, is there a number where applicant or parent/guardian can be reached? <input type="checkbox"/> No <input type="checkbox"/> Yes			Email (of applicant or parent/guardian):	
If Yes, please indicate: ( ) - - -				

Has applicant previously received services from the New York State Commission for the Blind (NYSCB)?

No  Yes

If Yes, please provide applicant's NYSCB Eye Registration Number:

**SERVICES NEEDED BY APPLICANT: (Check all that apply.)**

<input type="checkbox"/> Counseling and guidance	<input type="checkbox"/> Assistance in maintaining current job
<input type="checkbox"/> Training in performing household tasks	<input type="checkbox"/> Assistance in obtaining services for the above-named visually impaired child
<input type="checkbox"/> Assistance in preparing for and/or finding a job	<input type="checkbox"/> Other services

**FOR APPLICANTS UNDER THE AGE OF 21 (Please complete the following):**

Cause of visual impairment:

Age at onset \_\_\_\_\_ Does the child have any other disabilities?  No  Yes

If Yes, please describe:

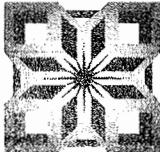
**REMARKS (You may use the box below to provide any additional information)**

I am applying for services from the New York State Commission for the Blind and agree to assist in obtaining information to determine my eligibility for services.

Applicant signature:	Date: / / /
----------------------	----------------

Print name of parent/guardian (if applicant is under the age of 18):

Parent/guardian signature:	Date: / / /
----------------------------	----------------



# DISABILITY RIGHTS NEW YORK

www.drny.org

mail@drny.org

518-432-7861

November 4, 2021

Jerry Ramrattan DIN # 12-A-0608  
Eastern New York Correctional Facility  
Napanoch, NY 12458

Dear Mr. Ramrattan,

I am writing in response to your October 14, 2021, letter to Disability Rights New York (DRNY). I am sorry to hear that you have been experiencing retaliation since my former colleague's visit to the facility. In your letter you state that your accommodations (except your hearing aide) have been taken away – can you provide me with a list of those accommodations and approximately when they were removed? Were you provided any documentation regarding Dr. Guzman's alleged decision? If so, please provide a copy of that documentation.

Have you grieved the removal of your accommodations? If you have, please send copies of the grievance(s) and please appeal any denials until the process is fully exhausted, and provide copies of the decision(s) as well. If you have not yet grieved the removal of your accommodations, we strongly recommend that you start that process immediately.

Once DRNY received copies of the grievance(s) and decision(s), we will promptly review them to determine if there is direct assistance that we can provide.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Richwalder".

Jessica Richwalder  
Senior Attorney

**ALBANY**  
725 Broadway, Suite 450  
Albany, NY 12207-5001

**BROOKLYN**  
25 Chapel St, Suite 1005  
Brooklyn, NY 11201

**ROCHESTER**  
44 Exchange Blvd, Suite 110  
Rochester, NY 14614

TTY: 518-512-3448  
Fax: 518-427-6561  
Toll Free: 1-800-993-8982



Prisoners' Legal Services  
of New York

41 State Street, Suite M112 • Albany, New York 12207

Tel: (518) 438-8046 • Fax: (518) 438-6643

**Executive Director**

Karen L. Murtagh

**Deputy Director**

Betsy Hutchings

**Managing Attorney**

Sophia Heller

**Senior Supervising Attorney**

James Bogin

November 10, 2021

**Staff Attorneys**

John Amodeo

Mary Cipriano-Walter

Matthew McGowan

**PRIVILEGED AND CONFIDENTIAL**

**LEGAL MAIL**

Jerry Ramrattan  
12-A-0608  
Eastern NY Correctional Facility  
P.O. Box 338  
Napanoch, NY 12458-0338

Dear Mr. Ramrattan:

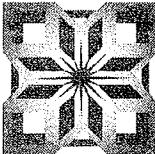
I received your authorizations, request for services, questionnaires, and the medical records you sent us. I have enclosed your original documents with this letter. Thank you. I have requested your reasonable accommodation and medical records. After we review your records we will determine what further assistance we can offer.

Take good care of yourself.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Christina Alicea".

Christina Alicea  
Law Graduate



# DISABILITY RIGHTS NEW YORK

www.drny.org

mail@drny.org

518-432-7861

November 23, 2021

**Eastern NY Correctional Facility**  
P.O. Box 338  
Napanoch, New York 12458-0338

*Sent via mail*

To whom it may concern;

My name is Emma Stern and I am an attorney at Disability Rights New York (DRNY). My office has been working with Mr. Jerry Ramrattan (DIN # 12-A-0608) since 2016 in an effort to assist Mr. Ramrattan to receive reasonable accommodations ("RA") on the basis that he is legally blind and has bilateral hearing loss.

**Mr. Ramrattan was previously granted reasonable accommodations by three facilities.**

Mr. Ramrattan was granted a number of reasonable accommodations at Wende Correctional Facility on or about April 11, 2018 and at Sullivan Correctional Facility on or about January 14, 2016. Mr. Ramrattan was similarly granted reasonable accommodations at Eastern Correctional Facility on or about September 20, 2019. These reasonable accommodations included large print and 20/20 pen, bold paper, magnifier, mobility assistants/sight guides, orientation and mobility instruction, digital tape player with headphones, lamp, visor/sunglasses for indoor use, talking watch, talking calculator, sight cane, and click lock. Additionally, Mr. Ramrattan was housed in SDU (Sensory Disability Unit) at Eastern Correctional Facility.

**Eastern C.F. revoked Mr. Ramrattan's RAs following DRNY's Monitoring Project of Eastern C.F., creating an inference of retaliatory conduct.**

In January, 2020, DRNY conducted a monitoring project of Eastern Correctional Facility wherein DRNY investigated allegation of abuse and neglect at the facility. As part of this project, DRNY interviewed a number of inmates including Mr. Ramrattan.

Following this investigation, Eastern Correctional Facility revoked Mr. Ramrattan's reasonable accommodations and removed Mr. Ramrattan from SDU, placing him instead in the general population. The timing of these actions taken by Eastern Correctional Facility creates a strong inference they were done in retaliation for Mr. Ramrattan's cooperation with DRNY's monitoring project.

## ALBANY

725 Broadway, Suite 450  
Albany, NY 12207-5001

## BROOKLYN

25 Chapel St, Suite 1005  
Brooklyn, NY 11201

## ROCHESTER

44 Exchange Blvd, Suite 110  
Rochester, NY 14614



TTY: 518-512-3448

Fax: 518-427-6561

Toll Free: 1-800-993-8982

Page 2 of 2

**The First Amendment prohibits retaliation by the government for exercising protected expression.**

The First Amendment prohibits government officials from retaliating against persons for exercising First Amendment freedoms. Retaliatory behavior is particularly concerning—and actionable—when, as here, there is a an overall pattern or plan of retaliation. *Lozman v. Riviera Beach, Florida*, 585 US \_\_\_ (2018); *Hernandez v. Goord*, U.S.D.C. (S.D. NY), Case No. 1:01-cv-09585-SHS; 2014 U.S. Dist. Lexis 113720.

---

**DRNY strongly urges DOCCS to reinstate Mr. Ramrattan's RAs.**

Mr. Ramrattan is currently seeking the reinstatement of each of his previously afforded RAs, including his placement in SDU. DRNY strongly urges Eastern C.F. to grant Mr. Ramrattan has requests. DRNY also strongly urges Eastern C.F. to expedite the process leading to the reinstatement of Mr. Ramrattan's RAs and housing.

Mr. Ramrattan's requests for accommodations are directly in line with DOCCS Directive # 2612, which states “[t]he Department is required to make “reasonable accommodations” . . . in order to allow qualified inmates with disabilities the same opportunity as non-disabled inmates.” I urge your department grant Mr. Carrasco's request for reasonable accommodations so he may enjoy the same opportunities as non-disabled inmates pursuant to this directive as well as the Americans with Disability Act (ADA).

Please see the attached Verification of Legal Blindness from the New York State Commission for the Blind, dated January 29, 2020—after the date Eastern C.F. revoked Mr. Ramrattan's RAs—confirming Mr. Ramrattan is registered as legally blind.

To the extent an optometry appointment is required to reinstate Mr. Ramrattan's RAs, Mr. Ramrattan agrees to cooperate fully. DRNY strong encourages Easter C.F. to expeditiously schedule any such required appointments.

---

Sincerely,

/s/ Emma Stern, Esq.  
Disability Rights New York  
25 Chapel Street, Suite 1005  
Brooklyn, New York 11201  
(929) 545-0387  
emma.stern@drny.org

Enclosed: January 29, 2020 NYS Commission for the Blind Verification of Legal Blindness

---

**ALBANY**  
725 Broadway, Suite 450  
Albany, NY 12207-5001

**BROOKLYN**  
25 Chapel St, Suite 1005  
Brooklyn, NY 11201

**ROCHESTER**  
44 Exchange Blvd, Suite 110  
Rochester, NY 14614

TTY: 518-512-3448  
Fax: 518-427-6561  
Toll Free: 1-800-993-8982



# Commission for the Blind

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Commissioner

Disability Rights NY

NOV 17 2021

Rensselaer

## Verification of Legal Blindness

Name:  
Jerry Ramrattan

NYSCB Registration No.  
CF# 181781

Address:  
31-43 101st St.  
East Elmhurst, NY 11369

The above named person is registered as legally blind with the Commission for the Blind in accordance with New York State law, Section 8704.

Signature: *Matthew Beyer*

Title: Assistant Commissioner  
Date: 01/29/2020

**EXHIBIT (D)**  
Plaintiff's records indicating the of filing Notice of Intent

STATE OF NEW YORK - COURT OF CLAIMS

J. RAMRATTAN 12-A-0608, Claimant,

NOTICE OF INTENTION  
TO FILE A CLAIM

-Against-

STATE OF NEW YORK,  
DEPARTMENT OF CORRECTIONAL SERVICES,  
Respondent,

TO THE ATTORNEY GENERAL OF THE STATE OF NEW YORK:

PLEASE TAKE NOTICE, that the undersigned, J. Ramrattan, intends to file a claim against the State of New York pursuant to Sections 10 and 11 of the Court of Claims Act.

The Post Office Address of the claimant herein is J. Ramrattan 12-A-0608, Eastern Correctional Facility, P.O. Box 338 Napanoch, NY 12458.

For the time being I am representing myself.

The nature, time and place where such claim arose is that on or about January of 2020, I was deprived of my reasonable accommodations to a serious medical need as a form of retaliation, and further deprived of adequate and meaningful healthcare to my serious medical needs. The actions created by

the deprivation have caused further need for Mental Health intervention due to stress, emotional duress and fear for my health and safety due to the removal of my serious medical needs.

This action is a TORT and as such, the State of New York is Negligent for the actions herein.

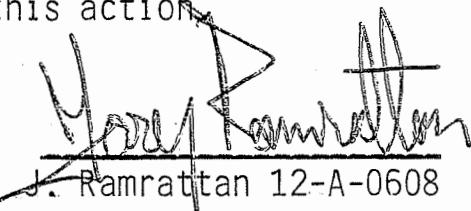
This claim is based on ongoing medical treatment to my disability and the issues both medical and mental health that are continuously changing have caused me severe pain and suffering, and any delay and or disregard for my medical needs places me at a foreseeable risk for further injury.

This Notice of Intention is being made so that I can properly pursue my right to sue the State of New York & the Department of Correctional Services for the negligence, disregard and delay to my serious medical needs by the employee's and other agents of representation authorized by the Department of Corrections, where my health and safety become an issue of concern within their job description that is intended to provide adequate and meaningful medical care and accommodations to the same in a timely, non-discriminatory manner.

I am seeking monetary damages and am currently exhausting my administrative remedies for this process.

I further reserve the right to bring action in the Federal District Court against the acting agents of the State in a Personal and Professional capacity for further violations of my rights under the NYS American With Disability Act, and will notify this court of the ongoing matters involved therein that apply to all the standards and rules for this action.

Date: February 4, 2020

  
J. Ramrattan 12-A-0608  
Eastern Correctional Facility  
Box 338 Napanoch, New York  
12458

sworn to before me

This 4 day of February, 2020

Christine R Fay

NOTARY PUBLIC (C)

CHRISTINE R FAY  
Notary Public, State of New York  
No. 01FA6312128  
Qualified in Ulster County  
My Commission Expires 8/21/22

STATE OF NEW YORK - COURT OF CLAIMS

J. RAMRATTAN 12-A-0608, Claimant,

VERIFICATION

-Against-

STATE OF NEW YORK,  
DEPARTMENT OF CORRECTIONAL SERVICES,  
Respondent,

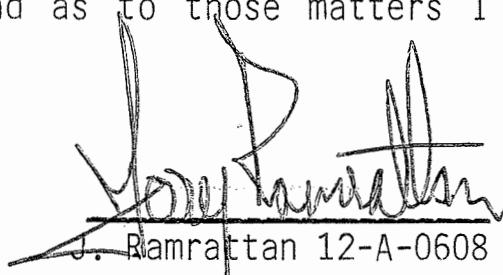
STATE OF NEW YORK)  
COUNTY OF ULSTER) SS:

J. Ramrattan, having been duly sworn deposes and says;

I am the claimant in the above-entitled action, and I make this verification in connection to the enclosed Notice of Intention to the New York State Attorney General for the State of New York.

I further declare that I have read the foregoing papers herein and know the contents of the same. The same is true and correct to the best of my knowledge, except as to those matters alleged on information and belief, and as to those matters I believe them to be true.

Date: February 4, 2020



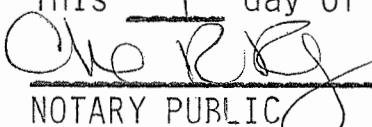
J. Ramrattan 12-A-0608

Eastern Correctional Facility  
Box 338 Napanoch, New York

12458

sworn to before me

This 4 day of February, 2020



One R.R.

NOTARY PUBLIC

CHRISTINE R FAY  
Notary Public, State of New York  
No. 01FA6312128  
Qualified in Ulster County  
My Commission Expires 02/22/22

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)  
COUNTY OF ULSTER) SS:

I J. Ramrattan 12-A-0608, swear under penalty of perjury that:

I am the claimant in the enclosed action.

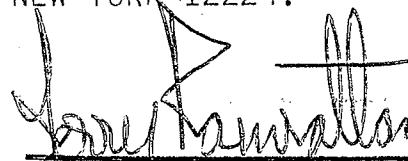
I have on this 4 day of February, 2020, placed and submitted within the institutional mailbox located at Eastern Correctional Facility P.O. Box 338 Napanoch, NY 12458 the following,

1. NOTICE OF INTENTION TO FILE A CLAIM.

To be duly mailed and delivered via United States Postal Service by way of certified mail/return receipt upon the following party(s):

1. NEW YORK STATE ATTORNEY GENERAL - LETICIA JAMES,  
DEPARTMENT OF LAW-THE CAPITOL, ALBANY, NEW YORK 12224.

Date: 02-04-20

  
J. Ramrattan  
J. Ramrattan 12-A-0608  
Eastern Correctional Facility  
P.O. Box 338 Napanoch, NY 12458

sworn to before me this

4 day of February, 2020

  
Christine R. Fay  
NOTARY PUBLIC

CHRISTINE R FAY  
Notary Public, State of New York  
No. 01FA6312128  
Qualified in Ulster County  
My Commission Expires 12/2022

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature</p> <p>X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>The New York Attorney General Department of Law Albany N.Y. 12224</p> <p></p> <p>9590 9402 6689 1060 7200 83</p> <p>7020 0640 0000 7061 8827</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input checked="" type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>			

<p>PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.</p> <p><b>CERTIFIED MAIL</b></p> <p></p> <p>7020 0640 0000 7061 8827</p> <p>7020 0640 0000 7061 8827</p>	<p><b>U.S. Postal Service™</b> <b>CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p> <p><b>OFFICIAL USE</b></p>	
	<p>Certified Mail Fee \$</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$</p> <p>Total Postage and Fees \$ _____</p> <p>\$</p> <p>Sent To Street and Apt. No. or PO Box No. City, State, Zip Code The New York Attorney General Department of Law Albany, N.Y. 12224</p>	<p>Postmark Here</p>
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047</p> <p>See Reverse for Instructions</p>		

STATE OF NEW YORK -- COURT OF CLAIMS

---

JERRY RAMRATTAN 12-A-0608,  
Claimant

**NOTICE OF INTENTION  
TO FILE A CLAIM**

-Against-

---

STATE OF NEW YORK, DEPARTMENT OF  
CORRECTIONAL SERVICES,  
Respondent

TO THE ATTORNEY GENERAL OF THE STATE OF NEW YORK

**PLEASE TAKE NOTICE**, that the undersigned, Jerry Ramrattan, intends to file a claim against the State of New York pursuant to Sections 10 and 11 of the Court of Claim Act.

The Post office Address of the Claimant herein is Jerry Ramrattan 12-A-0608, Eastern New York Correctional Facility, P.O. Box 338, Napanoch, New York 12458.

For the time being I am representing myself.

The nature, time and place where such claim arose is that on or about January of 2020, I was deprived of my reasonable accommodations to a serious medical need as a form of retaliation, and further deprived of adequate and meaningful healthcare to my serious medical needs.

The actions created by the deprivation have caused further need for Mental health intervention due to stress, emotional duress and fear for my health and safety due to the removal of my serious medical needs.

This action is a Tort and as such, the State of New York is Negligent for the actions herein.

This claim is based on ongoing medical and mental health that are continuously changing have caused me severe pain and suffering, and any delay and or disregard for my medical needs places me at a foreseeable risk for further injury.

This Notice of Intention is being made so that I can properly pursue my right to sue the State of New York and the Department of Correctional Services for the negligence, disregard and delay to my serious medical needs by the employee's and other agents of representation authorized by the Department of corrections. Where my health and safety become an issue of concern within their job description that is intended to provide adequate and meaningful medical care and accommodations to the same in a timely, non-discriminatory manner.

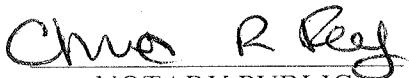
I am seeking monetary damages and am currently exhausting my administrative remedies for this process.

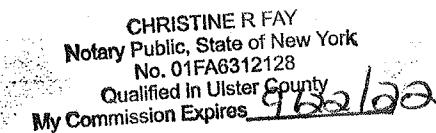
I further reserve the right to bring action in the Federal District Court against the acting agents of the State in a Personal and Professional capacity for further violations of my rights under the New York State American with Disability Act, and will notify this court of the ongoing matters involved therein that apply to all the standards and rules for this action.

Dated: 5 October, 2021

  
\_\_\_\_\_  
Jerry Ramrattan 12-A-0608  
Eastern New York C.F.  
P.O. Box 338  
Napanoch, New York 12458

Affirmed before me this  
5 day of October, 2021

  
\_\_\_\_\_  
NOTARY PUBLIC



STATE OF NEW YORK – COURT OF CLAIMS

JERRY RAMRATTAN 12-A-0608,  
Claimant

**VERIFICATION**

-Against-

STATE OF NEW YORK, DEPARTMENT OF  
CORRECTIONAL SERVICES,  
Respondent

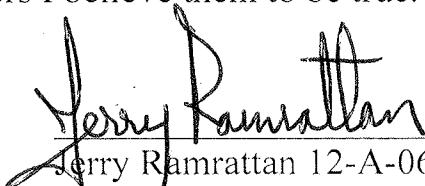
STATE OF NEW YORK)  
COUNTY OF ULSTER ) ss.:

Jerry Ramrattan, having been duly affirmed:

I am the Claimant in the above entitled action, and I make this verification in connection to the enclosed Notice of Intention to the New York State Attorney General for the State of New York.

I further declare that I have read the foregoing papers herein and know the contents of the same. The same is true and correct to the best of my knowledge, except as to those matters I believe them to be true.

Dated: 5 October, 2021

  
\_\_\_\_\_  
Jerry Ramrattan 12-A-0608  
Eastern New York C.F.  
P.O. Box 338  
Napanoch, New York 12458

Affirmed before me this

5 day of October, 2021

Christine R Fay  
NOTARY PUBLIC

CHRISTINE R FAY  
Notary Public, State of New York  
No. 01FA6312128  
Qualified in Ulster County  
My Commission Expires 9/28/22

## AFFIDAVIT OF SERVICE

STATE OF NEW YORK )  
COUNTY OF ULSTER ) ss.:

I, Jerry Ramrattan 12-A-0608, do hereby affirm:

I am the Claimant in the enclosed action.

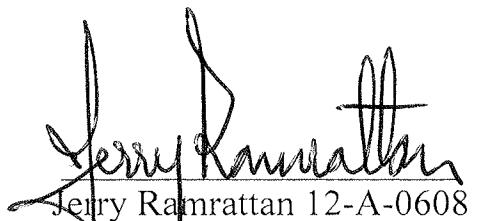
I have on the 5 day of October, 2021, placed and submitted within the institutional mailbox located at Eastern New York Correctional facility P.O. Box 338, Napanoch, New York 12458, the following,

1. Notice Of Intention To File A Claim.

To be duly mailed and delivered via United States Postal Service by way of certified mail/return receipt upon the following party(s):

1. Leticia James-New York State Attorney General, Department of Law-The capitol, Albany New York 12224.

Dated: 5 October, 2021

  
Jerry Ramrattan 12-A-0608  
Eastern New York C.F.  
P.O. Box 338  
Napanoch, New York 12458

Affirmed before me this  
5 day of October, 2021

  
NOTARY PUBLIC  
CHRISTINE R FAY  
Notary Public, State of New York  
No. 01FA6312128  
Qualified in Ulster County  
My Commission Expires 9/28/23

Jerry Ramrattan  
Plaintiff (*Pro- se*)

(DOCCS) and Community Supervision  
Eastern Correctional facility Box 338,  
Napanoch, New York, 12458, Housing  
Unit / South Hall 16-27

Date: 11/08/2021

**VIA: Free Matter for the Blind Postage**

To: Clerk of Court (Pro-se Motion Part)  
United States District Courthouse  
Southern District of New York  
40 Foley Square  
New York, New York 10007

Commission for the Blind  
Registration # 181781

**Re: Undue Hardship Special circumstances**

Dear Counsel:

I am the plaintiff legally blind, member of a particular class base, via, (Commission for the blind registration # 181781) in the above mentioned referenced matter, In that capacity. I write to you via, notice of communication placing the Court on immediate notice that due to the rapid deterioration of my remaining eyesight. I am requesting that the ("Affirmation in Request for Document Demand") coupled with, (Affirmation in Interrogatories) be placed upon my document sheet and filed due to I may not be able to formulate such Motions in the near future. Enclosed you will find both Affirmations along with my Compl, and Poor persons.

**PLAINTIFF THANKS THE COURT FOR ITS TIME AND  
CONSIDERATION.**

CC: File / J. R.

Respectfully Submitted

A handwritten signature in black ink that reads "Jerry Hamilton". The signature is cursive and fluid, with "Jerry" on top and "Hamilton" below it, both sharing a common vertical stroke at the top.

UNITED STATES DISTRICT COURT  
**SOUTHERN:** DISTRICT OF NEW YORK

---

JERRY RAMRATTAN

Plaintiff,

-v,-

THE STATE OF NEW YORK  
Physician GUZMAN (DOCCS)  
Deputy of Programs Ms. MORRIS (DOCCS)  
Qualified Interpreter Ms. LEWIS (DOCCS)

Defendant

Commission for the Blind  
Registration # 181781

**PLAINTIFF'S  
AFFIRMATION  
IN DOCUMENT  
DEMAND  
PURSUANT TO  
Fed. R. Civ. Proc. 26**

21 CV \_\_\_\_()

JURY DEMAND

Being Sued in their Individual Capacity

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**PLAINTIFF** Pro-se executes ("Affirmation in Request for Documents") pursuant to, Fed. Rule. Civ. Proc. 26. Demands [DOCCS] Administrative Hierarchy leads to evidence admissible at trial, **Frail v City of New York**, 236 FRD 116,118 (EDNY).

Taking a look behind the Curtain

DOCUMENT DEMAND:

- 1) All records of the contractual agreement between the State of New York and the Federal Government involving, ADA 504 Rehabilitation Act (Title 2) not excluding, Protocols / Guidelines, Policies/ Customs.
- 2) A summary of names involving superiors/agents responsible for implementing Guide lines and Protocols, not under the ADA, 540 Rehabilitation Act (Title 2) not excluding minutes of which Policies, and Customs were implemented.
- 3) Records indicating the exact amount of funds allocated from the Federal government to the, State of New York causation in providing funds allocated to Defendants Municipal, (DOCCS).
- 4) Records indicating the amount of funds spent at (Eastern) facility for Reasonable Accommodation to devices and services for qualified individuals from ( 2019- 2022)?

- 5) Records indicating names of superiors/ agents of (DOCCS) responsible for assuring funds are provided for the visually/hearing impaired throughout State Cor. facilities.
- 6) Records indicating the duties of Chief medical examiner physician, (Morley).
- 7) Records indicating the duties of (DOCCS) and Community Supervision Head Administrator (John/Jane Does) under the ADA, 504 Rehabilitation Act (Title 2) representing incarcerated qualified individual[s] throughout the State Cor. facilities.
- 8) Records indicating (John/Jane Does) advocates from the Americans with Disabilities visit to Eastern facility on ( Jan 16. 2020) not excluding one-on-one interviews conducted with qualified individuals housed within (SDU) housing (B-3-25) not excluding correspondences between (DOCCS) and Americans With Disabilities, E-mails between ( Deputy Superintendent and Americans with Disability.

- 9) Records of grievances filed by plaintiff, against defendants (PLRA) from (Jan 23. 2020) to present.
- 10) Records of Civil actions lawsuits against defendant, (physician) (GUZMAN) those pending and resolved from, (2017 to the present).
- 11) Records of grievances filed against defendant, Ms. (MORRIS) from (2017 to the present).
- 12) Records of civil law suits filed against defendant Ms. (MORRIS) from (2017 to the present).
- 13) Records indicating the duties of Supt. (Lilly).
- 14) Records indicating the duties of defendant, Ms. (MORRIS).
- 15) Records indicating the duties of defendant physician (GUZMAN).

16) Records indicating the contractual agreement between the State of New York and private Medical Municipalities providing medical services to (DOCCS).

17) All plaintiffs' medical records from, (2016 to the present)

18) All plaintiffs' mental health records from, (2016 to the present).

Date: 11/25/2021

Napanoch, New York 12458

Jerry Ramrattan 12-A-0608  
*Pro-se* Qualified Individual  
EasternNY Correctional Facility  
Box 338 Napanoch, New York 12458



A handwritten signature of "Jerry Ramrattan" is written over a horizontal line. Below the line, the name is written again in a smaller, cursive font.

To: Clerk of Court (Pro-se Motion Part)  
United States District Court  
Southern District of New York  
40 Foley Square  
New York, New York 10007

UNITED STATES DISTRICT COURT  
**SOUTHERN:** DISTRICT OF NEW YORK

---

JERRY RAMRATTAN

Plaintiff,

-v,-

THE STATE OF NEW YORK  
Physician GUZMAN (DOCCS)  
Deputy of Programs Ms. MORRIS (DOCCS)  
Qualified Interpreter Ms. LEWIS (DOCCS)

Defendant

Being Sued in their Individual Capacity

---

Commission for the Blind  
Registration # 181781

**PLAINTIFF'S  
AFFIRMATION  
IN PRODUCTION OF  
INTERROGATORIES  
PURSUANT TO,  
Fed. R. Civ. Proc. 26**

21 CV \_\_\_\_()

JURY DEMAND

**Pro-se** Plaintiff member of a particular class base, via Commission for the Blind Registration # 181781. Executes (“Affirmation”) in submission of (Interrogatories) on defendants pursuant to, (F,R,C,P, 26 (b)(1). Were relevant evidence in civil litigation is given great weight within the (Southern District) Federal Court’s pursuant to, **Mays v Town of Hempstead**, No. cv 3998, 2011 WL 4345164 At 2 (E.D.N.Y. Sept. 15. 2011) relating to transparency, which will provide relevant facts involving testimonies under oath for plaintiff’s impeaching purposes upon modern day trial proceedings.

**THE STATE OF NEW YORK**

- 1) What is the exact amount of funds allocated from the Federal government annually to DEFENDANT, the State of New York (DOCCS), In adequately proving visually / hearing impaired qualified individuals productive/ comprehensive, Auxiliary Aids programs and services under the ADA, 504, Rehabilitation Act (Title 2)?
- 2) How much of those government funds were provided to (DOCCS) (Eastern) Correctional facility in, (2019- 2021)
- 3) Who were the Superiors/Agents of (DOCCS) and Community Supervision responsible for formulating (DOCCS) Polices/ Customs in providing Qualified Individuals visually/hearing Impaired Access to Auxiliary Aids devices to services and programs under the ADA, 504 Rehabilitation Act (Title 2) (*.Id*)
- 4) Why does Directive (2612) fail to afford adequate Due process rights in affording visually/hearing impaired productive/comprehensive methods in adequate hearings before confiscating or denial of (R.A.) Reasonable Accommodations to devices and services when facing a serious disability?
- 5) Is the State of New York responsible for training correctional officers not excluding superiors in comprehensive methods in learning sign language and sensitivity skills in proper communication techniques under the Americans with disability Act?

- 6) When has the (DOCCS) Administrator representing ADA, 504 Rehabilitation Act (Title 2) last visited (DOCCS) Eastern facility and conducted interviews concerning the needs of qualified individuals, and those who are seeking Reasonable Accommodations, or restoring Auxiliary Aids to devices ?
- 7) How many times has the State of New York had to defend defendant physician (GUZMAN) in civil court laws suit actions concerning a deprivation of incarcerated individuals (Const) Rights?
- 8) How much money has the State of New York paid out to incarcerated Individuals due to physician (GUZMAN) Negligence behavior?
- 9) Who is the superior of (DOCCS) that is responsible for implementing a Policy in allowing (DOCCS) facility physician to override a specialist findings after a sufficient and concise examination of the incarcerated individual and Qualified Individual?

**Dr. GUZMAN**

- 1) Did any superior from (DOCCS) Eastern facility instruct you to examine plaintiff's medical file on or about, (2020) directly after the Americans with Disabilities and Legal Aid Society visited (Eastern) Correctional facility, due to a Compl., filed against Eastern facility?
- 2) Did you state inside of plaintiff's medical files that you have reason to believe that plaintiff is ( malingering ) his eye condition, directly after plaintiff filed a Compl., with the Americans with Disabilities?

- 3) Did you ever provide plaintiff in writing why you confiscated his Auxiliary Aids and devices (R.A.) which also resulted in him being transferred to general population?
- 4) Did you confiscate plaintiff's (R.A.) because he filed a Compl. against (Eastern) facility for a failure to provide adequate programs and services to incarcerated (qualified ) individuals
- 5) How many lawsuits have been filed from incarcerated individuals against you, due to various medical Negligence, as a physician?
- 6) Did you ever provide in writing, document form, E- mail to Deputy of programs defendant Ms. (Morris) why you found it feasible to confiscate plaintiff (R.A.) Reasonable Accommodations resulting in him being transferred to general population?
- 7) Did defendant Ms. (Morris) ever inquire about any clarification concerning plaintiff being denied access to (R.A.) and transferred out of (SDU) housing?
- 8) Did Supt. ((Lilly) ever contact you ordering a hearing based upon plaintiff appealing your personal opinion. stemming from your examination of his medical records?
- 9) After requesting that plaintiff be sent to a specialist for his legal blindness, did you again request that plaintiff be sent out a second time or have nurse administrator make the same request, when plaintiff had been already validated by a specialist that he is legally blind?

- 10) Is it required as a head medical physician to place your medical determination in writing when ever ordering to confiscate an incarcerated (qualified) individual[s] (R.A.) programs and services under the ADA, 504 Rehabilitation Act (Title 2)?
- 11) What was your bases of confiscating plaintiff's devices?
- 12) How many lawsuits do you now have pending against you ?
- 13) How many times have you instructed (DOCCS) to send plaintiff to a specialist?
- 14) How many times have you requested (DOCCS) to send plaintiff to an eye specialist?
- 15) Did you recommend that defendant Ms. (LEWIS) confiscate plaintiff's (R.A.)?
- 16) What is the exact date you examined plaintiff's medical records base on your opinion that he is malingering?
- 17) What is the exact date that you ordered to confiscate plaintiff's Reasonable Accommodations?
- 18) Did you think that by confiscating plaintiff's (R.A.) would be a grave risk to his health and safety physically and mentally?

19) Why do you as a physician think that plaintiff would not face physical and emotional complications when taking away his devices and services and sent to general population?

20) What did you find in plaintiff' records to validate that he was malingering his eyesight after seeing a specialist on, (Oct 21 2021)

21) Are you an eye specialist?

22) Why did you decide to go disaccoring to the eye specialist findings on, (Oct 21. 2021) after plaintiff's examination?

DEPUTY OF PROGRAMS Ms MORRIS

1) What are your duties as a former Deputy of programs at (DOCCS) Eastern facility?

2) Are you responsible for assuring that incarcerated individuals that are facing complications in being provided the necessary programs and services under federal provision pursuant to, the ADA, 504 Rehabilitation Act (Title 2)?

3) What is your duties as a Deputy of programs when an incarcerated individual is denied access to programs and services under the ADA, 504 Rehabilitation Act (Title 2)?

4) Were you ever placed on notice by the plaintiff that his (R.A.) were confiscated by defendant physician, (GUZMAN) and defendant Ms (Lewis) while fearing for his health and safety?

- 5) Explain what procedures you applied in assisting the plaintiff when faced with deficiencies ADA, 504 Rehabilitation (Title 2 )entitlement?
- 6) Did you ever provide the plaintiff a hearing based upon him being denied (R.A) services by defendant physician (GUZMAN)?
- 7) Is it your responsibility to assure that plaintiff is afforded a hearing (*if*) not whose responsibility is it?
- 8) Did you ever request any clarification from physician, (GUZMAN) concerning plaintiff being denied (R.A) devices at any time?
- 9) What are the dates that you responded to plaintiff's notices seeking assistance in being restored his Reasonable Accommodations, programs, and services?
- 10) Are you able to provide copies of all your responses to the plaintiff's requests for a Federal in-court examination?
- 11) Did you at any time provide plaintiff with any assistance with relevant information to (DOCCS) outside administrative bodies?
- 12) Did you at any time visit plaintiff concerning his grievances under ADA, 504 Rehabilitation Act Title 2?
- 13) Have you ever provided information under the ADA, 504 Rehabilitation Act (Title 2) to qualified individuals housed within (SDU)

by posting relevant agencies, support groups mandated laws and guidelines?

14) Did you ever contact Supt. (Lilly) in behalf of plaintiff concerning access barriers in receiving clarification involving the content of his denial of meaningful devices and services?

**QUALIFIED INTERPRETER Ms. (LEWIS)**

1) What are your duties as a qualified interpreter (Advocate) under the Americans with Disabilities, 504 Rehabilitation Act (Title 2) at (DOCCS) Eastern facility?

2) How long have you been a Qualified Interpreter (Advocate) for the State of New York?

3) How long have you worked out of (Eastern) correctional facility as a advocate for Americans with Disability?

4) How many disciplinary infractions do you have a failure to provide incarcerated (qualified) individual[s] with programs and services?

5) Have you ever been sued for inadequate conduct as a (advocate qualified interpreter)?

6) Who order you to confiscate plaintiff's (R.A.) devices as a qualified individual?

7) What date did you confiscate plaintiff's Reasonable Accommodations?

8) How many days do you work at (Eastern) Cor. Facility as a qualified interpreter under the ADA?

- 9) Have you ever been sued for inadequate conduct as a qualified interpreter?
- 10) Did the plaintiff ever contact you concerning a failure to be provided adequate (R.A.) and services at Eastern facility?
- 11) Can you provide copies of those notices of communications and your responses to the Federal Courts for in-court inspection?
- 12) Did plaintiff ever file a Compl against you for failing to provide adequate services while at (DOCCS) Eastern facility?
- 13) What was the outcome of the Compl?
- 14) Who is your superior?
- 15) When an incarcerated individual is being denied (R.A.) can you explain your duties as a qualified interpreter (Advocate)?
- 16) Are you required to assure that incarcerated individual[s] with disabilities (visually impaired) be provided a hearing based upon their requests for such Reasonable Accommodations when denied of programs and services?
- 17) Did you ever assist plaintiff at any time involving his due process rights to a hearing or the opportunity to appeal decision defendant (GUZMAN) denial of adequate (R.A.)?
- 18) Did you confiscate plaintiff's (R.A.)?
- 19) Did you order plaintiff to remove a worn and torn (SDU) hat, then throwing his hat in the trash can?
- 20) Did you at any time contact the medical department on behalf of plaintiff being denied (R.A) and sent to general population?

21) Did you at any time contact defendant Deputy (Morris) in assisting plaintiff in regaining access to Reasonable Accommodations?

22) Do you have anything against incarcerated individuals?

23) How many times a week, do you make your rounds within (SDU) housing area?

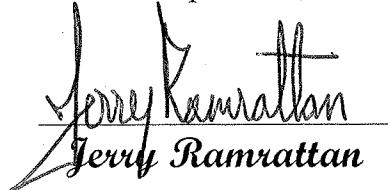
24) How many times a week, do you make your rounds inside facility law library checking supplies (SDU) computers, posting signs for Free Matter for the Blind Postage?

25) How many times a week do you make your rounds in (SDU) wreck area?

Date: 11/23/2021

Napanoch, New York 12458

Jerry Ramrattan 12-A-0608  
*Pro-se* Qualified Individual  
EasternNY Correctional Facility  
Box 338 Napanoch, New York 12458



A handwritten signature in black ink, appearing to read "Jerry Ramrattan". It is written twice, once above the other, with a small mark or cross above the second instance.

To: Clerk of Court (Pro-se Motion Part)  
United States District Court  
Southern District of New York  
40 Foley Square  
New York, New York 10007

Date 10/28/2021

\*\*\*\*\*

**PLAINTIFF'S COMPL, AGAINST ("THE STATE") OF  
NEW YORK IN DEPRIVATION OF CIVIL RIGHTS  
SECURED BY THE UNITED STATES CONST. AND  
FEDERALLY PROTECTED RIGHTS PURSUANT TO,  
ADA, 504 REHABILITATION ACT (TITLE 2)**

\*\*\*\*\*

42 USC §§ 1983,

21Civ. \_\_\_\_ ( ) ( )

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Jerry Ramrattan 12-A-0608

Plaintiff (*pro-se*):

(Qualified Individual)

Eastern NY Correctional Facility

Box 338 Napanoch, New York 12458

Commission for the Blind

Registration # **181781**

## **SUMMARY**

- 1) Plaintiff's federally protected rights as a legally blind qualified individual.**
- 2) Plaintiff's background and procedural history.**
- 3) Deprivation of plaintiff's Civil Rights resulting in Damages.**
- 4) Personal Involvement in direct participation of superiors and actors.**
- 5) Relief of Sought.**

### **Const and statutory provision pursuant to State and Federal claims**

42 USC § 1983

State Claims, Intentional Infliction of Emotional Distress, Negligence, Breach of contract

USCA CONST AMEND 8, 14

Civil Rights Law

New York State Human Rights Law (NYSHRL)

New York § CPLR Section 1029 (Due Diligence)\

New York § CPLR Section 3016 (Notice)

American Disability Act, 504 Rehabilitation Act (Title 2)

Federal Provisions

28 CFR § 35.130 (b) 29 USC 794 (§ 504 USC, §§12131, 12133 28 CFR, §§ 42 504(1)

**Claims involving federal claims pursuant to, 42 USCA §§ 1983**

- 1) Defendants, **State of New York**
  - a) Superior Respondent
  - b) Foreseeable Risk
  - c) Deliberate Indifference
  - d) Cruel and Unusual Treatment

**Exhibits**

**1) Exhibit (A)**

Excerpts of Plaintiff's medical records establishing a qualified individual (legally Blind)

**2) Exhibit (B)**

Plaintiff's records indicating Exhaustion of Administrative remedies (PLRA) grievances pursuant to, 42 USCA § 200e et Seq

**3) Exhibit (C)**

Plaintiff's internal/external notices of communications with Disabilities Rights of New York (Matt Steel), also Legal Aid Society (Stefan Short) concerning deficiencies of Eastern facility providing Reasonable Accommodations

**4) Exhibit (D)**

Plaintiff's records indicating Notice of Intent filed within (90) day tolling period pursuant to § 50-(e)

THE UNITED STATES DISTRICT COURT  
**SOUTHERN:** DISTRICT OF NEW YORK

Commission for the Blind  
Registration # 181781

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JERRY RAMRATTAN

Plaintiff,

**PLAINTIFF'S  
COMPL.  
PURSUANT TO  
42 USC 1983**

The State of New York  
(DOCCS) Physician GUZMAN  
(DOCCS) Qualified Interpreter Ms. LEWIS  
(DOCCS) Deputy of Programs Ms. MORRIS

Dkt. 21 Civ. \_\_\_\_\_

JURY DEMAND

Defendants.

Being sued in their individual Capacity

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**PLAINTIFF**, a legally blind qualified individual member of a particular class base via, (Commission for the Blind Registration # 181781 executes ("Affirmation") pursuant to ADA, 504 Rehabilitation Act (Title 2) based upon a deprivation of federally protected rights secured by privileges and immunities, of the United States (Const) not only as a citizen, but also as a qualified individual hereby states:

under the penalty of perjury that the following dates, events, and names of superiors and agents (personal involvement) in unlawful conduct,

are to the best of his knowledge Just and True and will be used in a Federal Court of law during examination within the Hon. Judges Chambers.

**Back Ground:**

Plaintiff is a (49) year old legally blind qualified individual being held under the care, custody and control of the, State of New York (DOCCS) (Eastern) facility, supervised by Supt. (Lilly). Plaintiff asserts that he can not, see, read, write, type nor navigate himself through out (Eastern) Correctional facility without the assistance of Reasonable Accommodations to Auxiliary Aids and devices and services, while also experiencing extreme difficulties, even with the assistance of sight cane, mobility sight-guide, and corrective lenses, while facing multiple pre-existing injuries (diabetes) amongst other things

On and about (September 9. 2019) plaintiff had been transferred from (Five-point) Cor, facility to (Eastern). Upon arrival plaintiff had been immediately housed within an (SDU) Sensorial Disability Unit based upon having a serious disability (legally blind within both (DOCCS) prior facilities (Wendy's and Sullivan) Shortly after being within Eastern facility plaintiff began facing several deficiencies concerning adequate access to Reasonable Accommodations in Auxiliary Aids to devices and Services, mandated by Congress resulting in an unconscionable breakdown in Eastern

facility mechanism (internal deficiencies ) resulting in plaintiff notifying numerous outside agencies via, (Disability Rights New York) advocate (Matt Steel) coupled with, (Legal Aid Society) advocate (Stefan Short) seeking to remedy the wrong.

On and about, (Jan 16. 2020) advocate (Matt Steel) visited Eastern facility and conducted one-on-one interviews with several qualified individuals housed within (SDU) B-3-25 and B-3-32 disable units not excluding an interview with plaintiff. Shortly after Mr. (Steel) completed his visit. (Eastern) facility administrative body notified defendant Dr. (GUZMAN) to conduct a probe into plaintiff's medical records (retaliation) Dr. (GUZMAN) ordered plaintiffs Reasonable Accommodations to be immediately confiscated and plaintiff to be place into general population housing unit.

On and about (Jan 17. 2020) plaintiff had been informed to report to the Resource Room due to defendant Ms. (LEWIS) a qualified interpreter under the ADA, 504 Rehabilitation Act (Title 2) exercising her duties out of (DOCCS) Correctional facilities (Sullivan and Eastern). Upon plaintiff's arrival to resource room Ms. (LEWIS) had informed plaintiff that based upon the medical departments (Dr. GUZMAN) independent examination involving the severity of his disability his access to all Reasonable

Accommodations to Auxiliary Aids and Services are to be immediately confiscated based upon medical evaluation performed by Dr. (GUZMAN) via record keeping. The following items and assistance were confiscated from plaintiff.

- 1) Sight cane
- 2) Mobility sight guide
- 3) SDU housing for the visually impaired
- 4) Lamp
- 5) Talking watch (# 429)
- 6) Access to Auxiliary devices within facility Law Library
- 7) Magnifying lighting glass (# 24)
- 8) Free Matter for the Blind postage
- 9) Headphones
- 10) Access to resource room.
- 11) Talking calculator (# 27)
- 12) Digital Book player

On and about (Jan 20. 2020) plaintiff had been transferred from (SDU) housing unit B-25 for the visually/ hearing impaired into a general population setting, (South Hall) B-3 -8

**Facts Presented:**

The primary bases of plaintiff's 1983 Civil Tort is that, due to plaintiff filing a Compl., against (DOCCS) (Eastern ) fac. to external agencies (Civil Disability of New York, Legal Aid Society which resulted in not only (Advocates) visiting facility but, also conducting interviews with qualified individuals resulted in (Eastern) internal administration at the facility level to strategically probe into plaintiff's medical records directly after advocates visit and attempting to find anything to disqualify plaintiff as a qualified individual in retaliation. Defendant Dr. (Guzman) performed in a manner with a conscious disregard turn his head to the obvious concerning previous creditable medical history of Opticians, and Doctors, within previous facilities by exercising a malicious intent to cause plaintiff harm in violation of his 8<sup>th</sup> Amend Rights to be free from Cruel and Unusual treatment.

Secondly, defendants breached their duties in failing to first formulate a hearing for plaintiff before confiscating plaintiff's Reasonable Accommodations, and transferring plaintiff into general population. Records indicate that, [i] plaintiff is a qualified individual [ii] that the defendants the State of New York is subjected to ADA and [iii] plaintiff has been denied the opportunity to participate in or benefit from defendants

services, programs, or activities otherwise discriminated against by defendants. See plaintiffs Exhibit (A) excerpts of medical records. While plaintiff in good faith exercised due diligence in exhaustion of administrative remedies pursuant to, New York § CPLR Section (3016) sufficient notice of communication complained of to enable defendants to remedy the wrong pursuant to, 42 USC § 1997 NYCRR 701.5 701 6 (a) 701.7. (PLRA) (no avail) See Exhibit (B), and Exhibit (C) establishing notices of communication with defendants' subordinates requesting to be adequately evaluated by specialist coupled with, restoring his Reasonable Accommodations as Exhibit (D) indicates plaintiff also filed his Notice of Intent (Right to Sue) pursuant to, § 10, 11 Court of Claims Act affording defendants sufficient notice of communication complained of to enable them to defend themselves pursuant to New York General Municipal §§ 50- (e) and New York County Law § 52(1)

**Personal Involvement:**

**1) The STATE OF NEW YORK (Defendants)**

Defendants the, State of New York upon having constructive knowledge based upon being allocated funds by federal government under the Americans with Disabilities Act, 504 Rehabilitation Act (Title 2). Defendants failed to implement a sound comprehensive policy or custom

that regulates methods in providing qualified individuals facing discrepancies within Cor. Facilities (R. A.) Reasonable Accommodations to Auxiliary Aids to devices and services through a productive Due process procedure. In first affording alleged qualified individuals a hearing before unlawfully denying them services, thereafter an appeal process directed to (DOCCS) Chief medical examiner in finality providing qualified individuals an even playing field. (Due process) (Breach of duties)

Instead, defendants failed to implement comprehensive policy causation in their subordinate Dr. (GUZMAN) upon having multiple infractions via, State and Federal Civil Torts pending/resolved to abuse his authority with a malicious intent to cause plaintiff harm upon having constructive knowledge that plaintiff filed an Compl., directed to outside agencies. Defendant existing policy resulted in injuries sustained to plaintiff

## **2) PHYSICIAN (GUZMAN)**

Defendant (GUZMAN) is responsible for providing adequate medical services to incarcerated individuals within Eastern Cor. facility, not excluding qualified individuals with disabilities. Defendant (GUZMAN) was responsible for examining plaintiff's medical records, thereafter ordering defendant (Lewis) to confiscate plaintiff's Reasonable Accommodations acting in concert with defendant Ms. (MORRIS) Dr. (GUZMAN) stated in

console that plaintiff is malingering his lost of sight resulting in a conscious disregard to prior examination without affording plaintiff a hearing or notice of his findings that were contrary to other facility specialist, and physicians.

### **3. FORMER DEPUTY OF PROGRAMS (MORRIS)**

Defendant (MORRIS) responsibilities is to assure that incarcerated individuals receive the necessary programs, and services to enable them access to educational, and therapeutic skills amongst other things not excluding qualified individuals under the ADA, 504 Rehabilitation Act title 2). (*id*) Defendant (MORRIS) ignore plaintiffs request for assistant when denied his Reasonable Accommodations with a conscious disregard to his health and safety.

Defendant failed to response to notices of communication by turning her head to the obvious upon having constructive knowledge that plaintiff filed numerous Compls, Defendant breach her duties as a Deputy of program when failing to provide plaintiff adequate information concerning the procedure of confiscating Reasonable Accommodations. Nor provided plaintiff access to a proper sit down with defendant (LEWIS) going over the particulars. Instead, plaintiff was removed from (SDU) housing without (R.A). Defendant breached her duties causation resulting in injuries sustained to plaintiff.

#### **4. Ms (LEWIS) QUALIFIED INTERPRETER**

Defendant (LEWIS) responsibilities as a qualified interpreter are to assure that qualified individuals (disabled) receive adequate comprehensive, training methods, access to Auxiliary Aids to devices and all services mandated under ADA, 504 Rehabilitation Act (Title 2) not excluding up to date information concerning entitlement conducive in maintaining stable mind sets while assuring that all disabled prisoners are sufficiently provided an even playing field opposed to those incarcerated prisoners without a disability. Defendant is responsible was responsible for calling plaintiff down to her office Resource Room and confiscating all Reasonable Accommodations. Defendant upon having constructive knowledge of plaintiff's Compl. to outside agencies acted in a manner with malicious intent to do the plaintiff harm, while also requesting plaintiff to give her his hat which was worn and torn, plaintiff removed his (SDU) hat off his head and (Lewis) disposed cap in the trash can.

In addition, defendant failed to provide plaintiff any vehicles to utilized any outside agencies or internal assistance within (DOCCS) external administration in order to proceed with any appeal proceedings in restoring entitlement in a breach of duty. Defendant should have requested that plaintiff be seen personally by defendant (Guzman) de novo assisting

plaintiff with medical notes, copies of records relating to defendant (Guzman findings while requesting that plaintiff remain with all Reasonable Accommodations and remain in (SDU) housing pending appeal stages upon finality of Chief Medical examiner.

**Stating a claim: 28 USC § 1915 (b) and 28 USC §1915 (e) (2)(b)**

- 1) Plaintiff's first cause of action is that the Defendants are liable in damages, causation to plaintiff injuries sustained when acting with DELIBERATE INDIFFERENCE to plaintiff's health and safety acted in a manner contrary to federal law with a MALICIOUS INTENT, to do harm to the plaintiff.
- 2) Plaintiff's second cause of action is that the Defendants are liable in damages, causation to plaintiff injuries sustained when acting GROSSLY NEGLIGENT resulting in immense PAIN AND SUFFERING to plaintiff.
- 3) 1) Plaintiff's first cause of action is that the Defendants are liable in damages, causation to plaintiff injuries exercised CRUEL AND UNUSUAL TREATMENT in a manner that was in violation of federally protected law.

**DAMAGES:**

Plaintiff asserts that defendants ("The State of New York") are 100% liable in damages injuries sustained to plaintiff causation of defendant misconduct, subjected a citizen of the United States in a deprivation of Rights, privileges